PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 4	Instrument Location A/laghany Jai
Instrument S	erial No. 008890 Sparta, NIC.
The prevention four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department of	n the
O STATE STATE OF STATE S	

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890 Test Date: 12/21/2015

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BENFIELD II, KENNETH R
Permit Number: 22067E
Effective:
09/01/2014-09/01/2016

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG513101 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK		10:12am 10:13am 10:14am 10:15am 10:15am 10:16am 10:18am 10:19am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Analyst

ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890

Test Record Number: 576

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:20am
FLO	Pass	10:20am
FC	Pass	10:20am

Temperature Tests

Test	Status	Time
FC1	Pass	10:20am
SRC	Pass	10:20am
DET	Pass	10:20am
BAR	Pass	10:20am
BT	Pass	10:20am

Blank Tests

Test	Status	Time	

AIR Pass 10:21am

Printer Tests

rest	Status	Time	

PRNT Pass 10:21am

CRC Tests

ICSC	Status	Time
COMP CAL	Pass Pass	10:21am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence: 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the day of (the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849 Test Date: 12/21/2015

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BENFIELD II, KENNETH R
Permit Number: 22067E
Effective:

09/01/2014-09/01/2016

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG525303 Exp Date: 09/10/2017

rest	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	11:54am 11:55am 11:56am 11:57am
SUB TEST	.00	11:57am
AIR BLK SUB TEST	.00 .00	11:58am 11:59am
AIR BLK	.00	12:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849

Test Record Number: 954

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:02pm 12:02pm
FC	Pass	12:02pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:02pm
SRC	Pass	12:02pm
DET	Pass	12:02pm
BAR	Pass	12:02pm
BT	Pass	12:02pm

Blank Tests

Test	Status	Time	

AIR 12:02pm Pass

Printer Tests

rest	Status	Time
PRNT	Dagg	12.03pm

CRC Tests

rest	Status	Time
COMP	Pass	12:03pm
CAL	Pass	12:03pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Be	paufort	Instrument Location	elhaven Police S	
Instrument Se	erial No. <u>008928</u>	Belhaven, M	· C .	
The preventiv		Intoximeters, Model Intox EC/II	R II to be followed at least once every	
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	er displays pressure, or the alcoho	olic breath simulator thermometer shows	
2.	Verify instrument displays ti	me and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompte	ed;		
5.	Verify instrument accuracy;	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW" ap	pears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; a	nd		
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nister is being changed before exp anged every four months or after	piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,	
procedures we	re performed on the instrument in	dicated above, in accordance with the instrument is functioning pro	the forgoing preventive maintenance h current regulations of the N.C. operly.	
AND STATE OF THE S	NODELLI CAROLLI LA			
	Zoly A	nature of Certifying Official	Cortificate Number	
	Sig .	mature of Certifying Official	Certificate Number	

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928 Test Date: 12/29/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
07/01/2015-07/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

Lot Number: AG526401 Exp Date: 09/21/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	10:20am 10:21am
ACCY CHK	.08	10:21am
AIR BLK	.00	10:22am
SUB TEST	.00	10:23am
AIR BLK	.00	10:24am
SUB TEST	.00	10:26am
AIR BLK	.00	10:26am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Anaiyst

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928 Test Date: 12/29/2015 Test Record Number: 286
Test Time: 10:27am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:28am
FLO	Pass	10:28am
FC	Pass	10:28am

Temperature Tests

Test	Status	Time
FC1	Pass	10:28am
SRC	Pass	10:28am
DET	Pass	10:28am
BAR	Pass	10:28am
\mathtt{BT}	Pass	10:28am

Blank Tests

Test	Status	Time
ATR	Pass	10:28am

Printer Tests

Test	Status	Time
PRNT	Pass	10:29am
	CRC Tests	
Test	Status	Time

COMP	Pass	10:29am
CAL	Pass	10:29am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	BRUNSWICK Instrument Location BAT MOBILE UNIT
Instrument	Serial No. 008616 LELAND, NC
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify tha procedures Department	t on the day of
STA	TE CAROLE STATE OF THE STATE OF
AND IS.	Signature of Certifying Official Certificate Number

BRUNSWICK COUNTY BAT MOBILE UNIT 9 090

Serial Number: 008616 Test Date: 12/06/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG	Pass	12:05am
AIR BLK	.00	12:06am
ACCY CHK	.08	12:07am
AIR BLK	.00	12:08am
SUB TEST	.00	12:08am
AIR BLK	.00	12:09am
SUB TEST	.00	12:10am
AIR BLK	.00	12:11am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BRUNSWICK COUNTY BAT MOBILE UNIT 9 090

Serial Number: 008616 Test Date: 12/06/2015 Test Record Number: 2158
Test Time: 12:12am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:12am
FLO	Pass	12:12am
FC	Pass	12:12am

Temperature Tests

Status	Time
Pass Pass	12:13am 12:13am
Pass	12:13am
Pass	12:13am
Pass	12:13am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	12:13am

Printer Tests

Status

Time

12:13am

Test

CAL

PRNT	Pass	12:13am
	CRC Tests	
Test	Status	Time
COMP	Pass	12:13am

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXINE LEROS, NIODEL INTOXICANT
County_	BIZONSWICK Instrument Location BAT MOBILE UNIT
Instrumer	nt Serial No. 008647 LELAND, NC
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every this are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
certify the procedures Departmen	at on the
STATE STA	ATE OF ALL
COREA	CAROLLI CAROLL
APRIL 12	What Ky V) comes 648
	Signature of Certifying Official Certificate Number

BRUNSWICK COUNTY BAT MOBILE UNIT 9 090

Serial Number: 008647 Test Date: 12/05/2015

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG434201 Exp Date: 12/08/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00	11:48pm 11:49pm 11:50pm 11:51pm 11:53pm 11:55pm 11:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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BRUNSWICK COUNTY BAT MOBILE UNIT 9 090

Serial Number: 008647

Test Record Number: 2172

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:57pm
FLO	Pass	11:57pm
FC	Pass	11:57pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	11:57pm 11:57pm
DET	Pass	11:57pm
BAR	Pass	11:57pm
\mathtt{BT}	Pass	11:57pm

Blank Tests

Test	Status	Time
AIR	Pass	11:58pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:58pm
	CRC Tests	
Test	Status	Time

COMP	Pass	11:58pm
CAL	Pass	11:58pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOAHMITT	EKS, MODEL INTOX EC/II	C 11	
County_	BRUMSWICK		LOBILE UNIT	
Instrumer	nt Serial No. <u>008707</u>	LELA	NONC	
The preve	entive maintenance procedures for the l	Intoximeters, Model Intox EC/IR II to be f	ollowed at least once every	
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath egree centigrade;	simulator thermometer shows	
2.	Verify instrument displays tim	ne and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	ļ;		
5.	Verify instrument accuracy;	·	•	
6.	When "PLEASE BLOW" app	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appe	ears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and	d		
10.	Verify that the ethanol gas cani simulator solution is being char whichever occurs first.	ister is being changed before expiration datinged every four months or after 125 Alcoh	te, or the alcoholic breath olic Breath Simulator tests,	
I certify the procedures Departmen	at on the day of day of twere performed on the instrument induct of Health and Human Services, and the control of the co	icated above, in accordance with current re he instrument is functioning properly.	ing preventive maintenance egulations of the N.C.	
SSE CT I	ATT			
GREAT	CAROLI			
APRIL 12.	Wenky	Benza	648	
100	Sions	ature of Certifying Official	Cortificate Number	

BRUNSWICK COUNTY BAT MOBILE UNIT 9 090

Serial Number: 008707 Test Date: 12/06/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG507902 Exp Date: 03/20/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	12:03am 12:04am 12:04am 12:05am
SUB TEST	.00	12:06am
AIR BLK	.00	12:07am
SUB TEST	.00	12:08am
AIR BLK	.00	12:09am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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BRUNSWICK COUNTY BAT MOBILE UNIT 9 090

Serial Number: 008707 Test Record Number: 2256 Test Date: 12/06/2015 Test Time: 12:12am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:12am
FLO	Pass	12:12am
FC	Pass	12:13am

Temperature Tests

Test	Status	Time
FC1	Pass	12:13am
SRC	Pass	12:13am
DET	Pass	12:13am
BAR	Pass	12:13am
BT	Pass	12:13am

Blank Tests

Test	Status	Time
AIR	Pass	12:13am

Printer Tests

Test	Status	Time
PRNT	Pass	12:13am
	CRC Tests	
Test	Status	Time

COMP Pass 12:14am CAL Pass 12:14am

Preventive Maintenance Status: Pass

Anaivst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIDIETERS, MODEL INTOX EON	/ .
County 1	BRUNSWICK Instrument Location BAT	MOBILE UNIT
Instrument Ser	ial No 208826 LEL	ANDIC
		.
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic brea 34 degrees, plus or minus .2 degree centigrade;	th simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Ale whichever occurs first.	date, or the alcoholic breath coholic Breath Simulator tests,
I certify that or procedures wer Department of	the <u>5</u> day of <u>DECEMISER</u> , 2015 the forre performed on the instrument indicated above, in accordance with current Health and Human Services, and the instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
STATE OF THE STATE	De Barre	648
***	Signature of Certifying Official	Certificate Number

BRUNSWICK COUNTY BAT MOBILE UNIT 9 090

Serial Number: 008826 Test Date: 12/06/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	12:31am 12:32am 12:32am
AIR BLK	.00	12:33am
SUB TEST AIR BLK	.00 .00	12:34am 12:35am
SUB TEST	.00	12:36am
AIR BLK	.00	12:37am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BRUNSWICK COUNTY BAT MOBILE UNIT 9 090

Serial Number: 008826 Test Date: 12/06/2015 Test Record Number: 7881 Test Time: 12:38am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:38am 12:38am
LTO	Pass	±2:38am
FC	Pass	12:38am

Temperature Tests

Test	Status	Time
FC1	Pass	12:38am
SRC	Pass	12:38am
DET	Pass	12:38am
BAR	Pass	12:38am
BT	Pass	12:38am

Blank Tests

Test	Status	Time

AIR Pass 12:39am

Printer Tests

Test	Status	Time
PRNT	Pass	12.39am

CRC Tests

Test	Status	Time
COMP	Pass	12:39am
CAL	Pass	12:39am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

~~~	·	eks, Model in tox Ec/In	
County 150	incombe	Instrument Location <u>Kuncam</u>	be Co. Juil
Instrument Ser	ial No. 108798	Aspovill	O, NC
mstrament ser	101 1101 <u>111 11 11 11 11 11 11 11 11 11 11 11 </u>		
The preventive four months ar		Intoximeters, Model Intox EC/IR II to be f	ollowed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic breath legree centigrade;	simulator thermometer show
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		•
4.	Enter information as prompte	d;	
5.	Verify instrument accuracy;		• • •
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	nd	
10.	Verify that the ethanol gas car simulator solution is being ch whichever occurs first.	nister is being changed before expiration da anged every four months or after 125 Alco	ate, or the alcoholic breath holic Breath Simulator tests,
procedures we	re performed on the instrument it	the forgoing properly.	oing preventive maintenance regulations of the N.C.
THE STATE OF THE S	Si	gnature of Certifying Official	Certificate Number

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008798 Test Date: 12/29/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG526401 Exp Date: 09/21/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	3:15pm 3:16pm 3:17pm
AIR BLK	.00	3:18pm
SUB TEST	.00	3:19pm
AIR BLK	.00	3:19pm
SUB TEST	.00	3:21pm
AIR BLK	.00	3:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008798

Test Record Number: 3625

Test Date: 12/29/2015

Test Time: 3:23pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:24pm 3:24pm
		-
FC	Pass	3:24pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:24pm
SRC	Pass	3:24pm
DET	Pass:	3:24pm
BAR	Pass	3:24pm
BT	Pass	3:24pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:25pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:25pm
	CRC Tests	

Test	Status	Time
COMP	Pass	3:25pm
CAL	Pass	3:25pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

(")	)
County 8	uncombe Instrument Location Bunconibe Co. Jail
Instrument Se	erial No. <u>008911</u> <u>Asheville, Mc</u>
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer should be degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.
I certify that of procedures we Department of	on the <u>29</u> day of <u>December</u> , 20/5 the forgoing preventive maintenance vere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008911 Test Date: 12/29/2015

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG507902 Exp Date: 03/20/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	3:21pm 3:22pm
ACCY CHK	.08	3:23pm
AIR BLK	.00	3:24pm
SUB TEST	.00	3:25pm
AIR BLK	.00	3:26pm
SUB TEST	.00	3:28pm
AIR BLK	.00	3:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

### BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008911 Test Record Number: 473 Test Date: 12/29/2015 Test Time: 3:30pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:30pm
FLO	Pass	3:30pm
FC	Pass	3:30pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:30pm
SRC	Pass	3:30pm
DET	Pass	3:30pm
BAR	Pass	3:30pm
BT	Pass	3:30pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:31pm

#### Printer Tests

PRNT	Pass	3:31pm
rest	Status	Time

#### CRC Tests

Test	Status	Time
COMP	Pass	3:31pm
CAL	Pass	3:31pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	BURKE Instrument Location BAT MOBILE 5
Instrumen	t Serial No
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify the procedurest Department	at on theday of
SO SEE A SEE	Signature of Certifying Official Certificate Number

BURKE BAT MOBILE UNIT 5 110

Serial Number: 008600 Test Date: 12/05/2015

Citation Number: M0000000-0 Subject's Name: NONE, NONE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: INGLE, LARRY W
Permit Number: 7281E

Effective:

02/01/2014-02/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG434901 Exp Date: 12/15/2016

Test	g/210L	Time
DIAG	Pass	8:37pm
AIR BLK	.00	8:38pm
ACCY CHK	.07	8:38pm
AIR BLK	.00	8:39pm
SUB TEST	.00	8:40pm
AIR BLK	.00	8:41pm
SUB TEST	.00	8:42pm
ATR BLK	.00	8:43pm

Reported AC: .00/g/210L

Signature of Chemical Analyst

Court Cyk

Analyst

#### BURKE BAT MOBILE UNIT 5 110

Serial Number: 008600

Test Record Number: 1770

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:46pm
FLO	Pass	8:46pm
FC	Pass	8:46pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:46pm
SRC	Pass	8:46pm
DET	Pass	8:46pm
BAR	Pass	8:46pm
BT	Pass	8:46pm

#### Blank Tests

Test	Status	Time
AIR	Pass	8:47pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:47pm
	CRC Tests	
Test	Status	Time

Test	Status	Time
COMP	Pass	8:47pm
CAL	Pass	8:47pm

Preventive Maintenance

Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (	abarrus Instrument Location Cabarrus County SD
Instrument Se	erial No. 008590 30 Corban Ave, Concord
<del> </del>	
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the day of day of the forgoing preventive maintenance per performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE PROPERTY OF T	Signature of Ceftifying Official Certificate Number

#### CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008590 Test Record Number: 2574
Test Date: 12/03/2015 Test Time: 11:54am EST

System Check: Passed

Baseline Tests

Test Status Time

IR Pass 11:54am

FLO Pass 11:54am

FC Pass 11:54am

Temperature Tests

Status Time FC1 Pass 11:55am SRC 11:55am Pass DET. Pass 11:55am BAR Pass 11:55am BTPass 11:55am

Blank Tests

Test Status Time

AIR Pass 11:55am

Printer Tests

Test 3 Status Time

PRNT Pass 11:55am

CRC Tests

Test 🐇 Status Time

COMP Pass 11:55am CAL Pass 11:55am

Preventive Maintenance Status: Pass

Analyst

#### CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008590 Test Date: 12/03/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HAYS, MARK D Permit Number: 15924E Effective: 01/01/2014-01/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG414801 Exp Date: 05/28/2016

rest	[%] 3/⊼топ	TTIIIE
	151	
DIAG	Pass	12:01pm
AIR BI	ıK ∰.00	12:02pm
ACCY C	THK .08	12:02pm
AIR BL	K .00	12:03pm
SUB TE	ST .00	12:04pm
AIR BL	K .00	12:05pm
SUB TE	ST .00	12:06pm
ATR BI	K .00	12:07pm

Reported AC: \ .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County(	ABARRYS Instrument Location BAT MOBILE 7
Instrument	Serial No. <u>008972</u>
The prevent four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department of	on the 8 day of 1888, 20 5 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
TATALE STATE OF THE STATE OF TH	659
	Signature of Ceptifying Official Certificate Number

CABARRUS BAT MOBILE UNIT 7 120

Serial Number: 008972 Test Date: 12/18/2015

Citation Number: M0000000-0 Subject's Name: NONE, NONE Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: INGLE, LARRY W
Permit Number: 7281E
Effective:
02/01/2014-02/01/2016

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG425303 Exp Date: 10/10/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	9:47pm 9:48pm 9:48pm
AIR BLK	.00	9:49pm
SUB TEST	.00	9:50pm
AIR BLK	.00	9:51pm
SUB TEST	.00	9:52pm
AIR BLK	<b>/.</b> 00	∕79:∕53pm

Reported AC:

Reported AC: .00 g/210L

Signature of Chemical Analyst

Courk CXR

Analyst

#### CABARRUS BAT MOBILE UNIT 7 120

Serial Number: 008972

Test Record Number: 173

Test Date: 12/18/2015

Test Time: 9:56pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:57pm
FLO	Pass	9:57pm
FC	Pass	9:57pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:57pm
SRC	Pass	9:57pm
DET	Pass	9:57pm
BAR	Pass	9:57pm
BT	Pass	9:57pm
		= <u>L</u>

#### Blank Tests

Test	Status	Time
AIR	Pass	9:57pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:57pm

#### CRC Tests

Test	Status	Time
COMP	Pass	9:58pm
CAL	Pass	9:58pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

		ks, MODEL INTOX	EC/IR II
County(	ARTERET	Instrument Location 17	T MOBILE US
Instrument S	erial No. <u>00561</u> 6	- P &	EAUFORT, NC
The preventive four months a	ve maintenance procedures for the Intere:	oximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr	splays pressure, or the alcoholic ee centigrade;	breath simulator thermometer shows
2.	Verify instrument displays time a	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears	s, collect breath sample;	
7.	When "PLEASE BLOW" appears	s, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister simulator solution is being changed whichever occurs first.	is being changed before expiration is being changed before expiration is being changed by the second control of the second control o	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
•	and the state of t	A Marie Maria	te e e e e e e e e e e e e e e e e e e
certify that on rocedures were Department of H	the 12 day of 15 comperformed on the instrument indicate lealth and Human Services, and the in	ed above, in accordance with current is functioning	orgoing preventive maintenance ent regulations of the N.C.
	To reco, and his it	istrument is functioning properly.	
ALE STATE OF	90	`.	
W 20, 1773 V			
	A CAROL		
TARKE 12, THE	00.0	(Bea. 2	1.10
	Signature	of Courie in Occ.	- 645
	oignature	of Certifying Official	Certificate Number

## CARTERET COUNTY BAT MOBILE UNIT 9 150

Serial Number: 008616 Test Date: 12/12/2015

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG	Pass	11:46pm
AIR BLK	.00	11:47pm
ACCY CHK	.08	11:48pm
AIR BLK	.00	11:49pm
SUB TEST	.00	11:49pm
AIR BLK	.00	11:50pm
SUB TEST	.00	11:52pm
AIR BLK	.00	11:53pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

analyst V3

## CARTERET COUNTY BAT MOBILE UNIT 9 150

Serial Number: 008616 Test Record Number: 2164
Test Date: 12/12/2015 Test Time: 11:53pm EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	11:54pm
FLO	Pass	11:54pm
FC	Pass	11:54pm

## Temperature Tests

Test	Status	Time
FC1	Pass	11:54pm
SRC	Pass	11:54pm
DET	Pass	11:54pm
BAR	Pass	11:54pm
BT	Pass	11:54pm

## Blank Tests

Test	Status	Time
AIR	Pass	11:55pm

## Printer Tests

Test	Status	Time
PRNT	Pass	11:55pm
	CRC Tests	

Test	Status	Time
COMP	Pass	11:55pm
CAL	Pass	11:55pm

Preventive Maintenance Status: Pass

Apalyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (	ARteret	Instrument Location <u>CARTER</u>	et County
Instrument Se	erial No. <u>008605</u>	SHERIFE'S OFFICE	2
The preventive four months a	ve maintenance procedures for the Intoxare:	cimeters, Model Intox EC/IR II to be f	ollowed at least once every
. 1.	Verify the ethanol gas canister disp 34 degrees, plus or minus .2 degree	plays pressure, or the alcoholic breath e centigrade;	simulator thermometer show
2.	Verify instrument displays time an	d date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister simulator solution is being changed whichever occurs first.	is being changed before expiration datevery four months or after 125 Alcoh	te, or the alcoholic breath olic Breath Simulator tests,
I certify that or procedures we Department of	on the day of	mbel, 20/5 the forgoed above, in accordance with current restrument is functioning properly.	ing preventive maintenance egulations of the N.C.
STATE OF THE PARTY	n.		
STATE OF STA	CARO		
TOTAL 12. IT IS	- Care	Of E Hall	354
	Signature	of Certifying Official	Certificate Númber

#### CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008605 Test Date: 12/10/2015

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HALL, RANDY E
Permit Number: 3462E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG414801 Exp Date: 05/28/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00	11:12am 11:13am 11:13am 11:14am 11:15am 11:16am 11:17am 11:18am
		the state of the s

Reported AC: 100 g/210L

Signature of Chemical Analyst

Court CVR

Rank E-Half
Analyst

## CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008605 Test Record Number: 3391
Test Date: 12/10/2015 Test Time: 11:19am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:19am
FLO	Pass	11:19am
FC	Pass	11:19am

## Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	11:19am 11:19am
DET	Pass	11:19am
BAR	Pass	11:19am
BT	Pass	11:19am

#### Blank Tests

Test	-	Status	Time
AIR		Pass	11:20am

## Printer Tests

Test	Status	Time
PRNT	Pass	11:20am
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

COMP

Analyst

11:20am

11:20am

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County LA	ARteret	Instrument Location EMER	ald Isle AD
Instrument Se	rial No. <u>008620</u>		
The preventive four months as		e Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	er displays pressure, or the alcoholic be degree centigrade;	reath simulator thermometer show
2.	Verify instrument displays ti	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompt	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
7.	When "PLEASE BLOW" ap	opears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.	Verify that the ethanol gas ca simulator solution is being cl whichever occurs first.	anister is being changed before expiration hanged every four months or after 125	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that o procedures we Department of	n theday ofere performed on the instrument if Health and Human Services, and	the ndicated above, in accordance with curd the instrument is functioning properly	forgoing preventive maintenance rent regulations of the N.C.
CHESTATE OF THE CONTROL OF THE CONTR	Sin Ca	ve, E-Hall	354
	Si	gnature of Certifying Official	Certificaté Number

## CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620 Test Date: 12/10/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HALL, RANDY E Permit Number: 3462E Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

Lot Number: AG507902 Exp Date: 03/20/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	1:20pm 1:21pm 1:21pm 1:22pm 1:23pm 1:24pm
SUB TEST	.00	1:25pm
AIR BLK	.00	1:26pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Range Half
Analyst

## CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620 Test Record Number: 1762
Test Date: 12/10/2015 Test Time: 1:27pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:27pm
FLO	Pass	1:27pm
FC	Pass	1:27pm

## Temperature Tests

Status	Time
Pass	1:27pm
	Pass Pass Pass Pass

## Blank Tests

Test	Status	Time
AIR	Pass	1:28pm

## Printer Tests

Test	Status	Time
PRNT	Pass	1:28pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:28pm
CAL	Pass	1:28pm

Preventive Maintenance Status: Pass

and E-Half
Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County CAI	Cheret Instrument Location Morehard City Ab
Instrument Seri	ial No. 008731
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
procedures were	the <u>lo</u> day of <u>lecent bek</u> , 20 <u>lo</u> the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OF THE STATE OF TH	Care JE Hall 354

#### CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731 Test Date: 12/10/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HALL, RANDY E

Permit Number: 3462E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG414801 Exp Date: 05/28/2016

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Test	g/2101	TTIIIE
DIAG AIR BLK	Pass	11:57am 11:58am
ACCY CHK	.07	11:58am
AIR BLK	.00	11:59am
SUB TEST	.00	11:59am
AIR BLK	.00	12:00pm
SUB TEST	.00	12:02pm
ATR BLK	. 0.0	12:03pm

Reported AC: / .00 g/210L

Signature of Chemical Analyst

Court CVR

Karel E-Half
Analyst

#### CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731 Test Date: 12/10/2015

Test Record Number: 1740 Test Time: 12:03pm EST

System Check: Passed

#### Baseline Tests

Test	<b>S</b> tatus	Time
IR	Pass	12:03pm
FLO	Pass	12:03pm
FC	Pass	12:0 <b>3pm</b>

## Temperature Tests

Test	Status	Time
FC1.	Pass	12:04pm
SRC	Pass	12:04pm
DET	Pass	12:04pm
BAR	Pass	12:04pm
BT	Pass	12:04pm

#### Blank Tests

Test	<b>S</b> tatus	Time
AIR	Pass	12:04pm

## Printer Tests

CAL

Test	Status	Time
PRNT	Pass	12:04pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:04pm

Preventive Maintenance Status: Pass

Pass

12:04pm

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County LA	Rteret Instrument Location Atlantic Beach AD
Instrument Se	rial No. <u>008785</u>
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
, and the same of	
STATE OF THE STATE	
CASE QUAM VIDEN	Marey Etall 354
	Signature of Certifying Official Certificate Number

## CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785 Test Date: 12/10/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HALL, RANDY E
Permit Number: 3462E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG507902 Exp Date: 03/20/2017

Test	g/210L	Time
DIAG	Pass	12:24pm
AIR BLK	.00	12:25pm
ACCY CHK	.07	12:26pm
AIR BLK	.00	12:27pm
SUB TEST	.00	12:27pm
AIR BLK	.00	12:28pm
SUB TEST	.00	12:29pm
ATR BLK	.00	12:30pm

Reported AC: /00 g/210L

Signature of Chemical Analyst

Court CVR

Rand E-Hall Analyst

## CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785 Test Record Number: 855 Test Date: 12/10/2015

Test Time: 12:31pm EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	12:31pm
FLO	Pass	12:31pm
FC	Pass	12:31pm

## Temperature Tests

Status	Time
Pass	12:31pm
	Pass Pass Pass Pass

## Blank Tests

TEST	Status	TTIIIE
AIR	Pass	12:32pm

## Printer Tests

Test	Status	Time
PRNT	Pass	12:32pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:32pm 12:32pm

Preventive Maintenance Status: Pass

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County CA	Rteret Instrument Location CARteret County
Instrument Seri	ial No. 008882 5HERIFFS OFFICE
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	the <u>/O</u> day of <u>Jecember</u> , 20 <u>/</u> the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
O'THE STATE OF AN AND 20, 1725	Signatufe of Certifying Official  Signatufe of Certifying Official  Certificate Number

## CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008882 Test Date: 12/10/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HALL, RANDY E
Permit Number: 3462E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG513102 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG	Pass	11:11am
AIR BLK	.00	and the second s
		11:12am
ACCY CHK	.08	11:12am
AIR BLK	.00	11:14am
SUB TEST	.00	11:15am
AIR BLK	.00	11:15am
SUB TEST	.00	11:17am
AIR BLK	.00	11:18am

Reported AC: /.00 g/210L

Signature of Chemical Analyst

Court CVR

Karl E-Half

## CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008882 Test Record Number: 1344
Test Date: 12/10/2015 Test Time: 11:19am EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	11:19am
FLO	Pass	11:19am
FC	Pass	11:19am

## Temperature Tests

Test	Status	Time
FC1	Pass	11:19am
SRC	Pass	11:19am
DET	Pass	<b>11:</b> 19am
BAR	Pass	11:19am
BT	Pass	11:19am

## Blank Tests

Test	Status	Time
AIR	Pass	11·20am

## Printer Tests

Test	status	TTIIIG
PRNT	Pass	11:20am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:20am 11:20am

Preventive Maintenance Status: Pass

Rand E-Half
Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Cha		nstrument Location Chowan G. Public Safe
Instrument Seri	rial No. <u>008895</u> 30	OS W. Freemason St, Edenkin, N.
The preventive four months are	maintenance procedures for the Intoxine:	meters, Model Intox EC/IR II to be followed at least once every
1,	Verify the ethanol gas canister displaced 34 degrees, plus or minus .2 degree	ays pressure, or the alcoholic breath simulator thermometer show centigrade;
2.	Verify instrument displays time and	date;
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, o	ollect breath sample;
7.	When "PLEASE BLOW" appears, o	ollect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is simulator solution is being changed e whichever occurs first.	being changed before expiration date, or the alcoholic breath very four months or after 125 Alcoholic Breath Simulator tests,
I certify that on t procedures were Department of H	the 15 day of <u>Docember</u> performed on the instrument indicated Health and Human Services, and the instrument	the forgoing preventive maintenance above, in accordance with current regulations of the N.C. trument is functioning properly.
THE STATE OF NO.	Optin CAROLLINA	

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

## CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Date: 12/15/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG425303

Exp Date: 09/10/2016

Test	g/210L	Time
DIAG	Pass	10:24am
AIR BLK	.00	10:25am
ACCY CHK	.07	10:26am
AIR BLK	.00	10:27am
SUB TEST	.00	10:27am
AIR BLK	.00	10:28am
SUB TEST	.00	10:30am
ATR BLK	.00	10:31am

.00 g/21**0L** Reported AC:

Court CVR

This form is used when performing Preventive Maintenance procedures Forensic Tests for Alcohol Branch **Department of Health and Human Services** 

Rev. 12/2007

## CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895

Test Record Number: 692

Test Date: 12/15/2015

Test Time: 10:32am EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	10:32am
FLO	Pass	10:32am
FC	Pass	10:33am

## Temperature Tests

Test	Status	Time
FC1	Pass	10:33am
SRC	Pass	10:33am
DET	Pass	10:33am
BAR	Pass	10:33am
BT	Pass	10:33am

#### Blank Tests

Test	Status	Time
71 TD	Dagg	10.22am

## Printer Tests

Test	Status	Time
рвит	Pass	10·34am

## CRC Tests

iesc	blacus	a Time
COMP	Pass	10:34am
CAL	Pass	10:34am

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C/qy		Instrument Location / a	y Co. Jail
Instrument Serial No	003608	Hayesville,	NC
The preventive main four months are:	tenance procedures for the Int	oximeters, Model Intox EC/IR	II to be followed at least once every
	rify the ethanol gas canister d degrees, plus or minus .2 deg		c breath simulator thermometer show
2. Ve	rify instrument displays time	and date;	
3. Ini	tiate breath test sequence;		
4. En	ter information as prompted;		
5. Ve	rify instrument accuracy;		
6. Wł	nen "PLEASE BLOW" appea	rs, collect breath sample;	
7. WI	nen "PLEASE BLOW" appea	rs, collect breath sample;	
8. Pri	nt test record;		
9. Ver	rify Diagnostic Program; and		
sim wh	nulator solution is being chang ichever occurs first.	ed every four months or after 1	ration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
procedures were perf	ormed on the instrument indic	eated above, in accordance with the instrument is functioning prop	
			•
OF THE STATE OF A POPULATION OF THE STATE OF			
TOTE QUANTON			,
The same of the sa	Conf	R Cuth	Certificate Number

CLAY COUNTY CLAY COUNTY JAIL 210

Serial Number: 008608 Test Date: 12/16/2015

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R
Permit Number: 8457E
Effective:
09/01/2015-09/01/2017

Officer's Name: NONE,
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG526401 Exp Date: 09/21/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	2:06pm 2:07pm 2:07pm
AIR BLK	.00	2:08pm
SUB TEST AIR BLK	.00 .00	2:09pm 2:10pm
SUB TEST AIR BLK	.00	2:11pm 2:12pm
		+

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Conf R. Certh

## CLAY COUNTY CLAY COUNTY JAIL 210

Serial Number: 008608 Test Date: 12/16/2015

Test Record Number: 1091 Test Time: 2:14pm EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	2:14pm
FLO	Pass	2:14pm
FC	Pass	2:14pm

## Temperature Tests

Test	Status	Time
FC1	Pass	2:15pm
SRC	Pass	2:15pm
DET	Pass	2:15pm
BAR	Pass	2:15pm
BT	Pass	2:15pm

## Blank Tests

Test	Status	Time
AIR	Pass	2:15pm

## Printer Tests

Test	Status	Time
PRNT	Pass	2:15pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:15pm

Preventive Maintenance Status: Pass

Pass

2:15pm

CAL

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	eveland	Instrument Location Cleve	land County Jail -1
Instrument Se	erial No. <u>008893</u>	407 McBrayer	1
The preventive four months a		Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canisto 34 degrees, plus or minus .2	er displays pressure, or the alcoholic bre degree centigrade;	eath simulator thermometer shows
2.	Verify instrument displays ti	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompts	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	All the second of the second o
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		Action 1
9.	Verify Diagnostic Program; a	and .	
procedures we	simulator solution is being chewhichever occurs first.  on the 21st day of December of the instrument in	nister is being changed before expirationanged every four months or after 125 A	orgoing preventive maintenance ent regulations of the N.C.
O'THE STATE OF THE	S NO STILL CAROLLIN	<i>i</i> *	
APRIL 12, 1724	Jash E	of hope and a second se	650
	Si _l	gnature of Certifying Official	Certificate Number

CLEVELAND COUNTY CLEVELAND SD-ANNEX
220

Serial Number: 008893 Test Date: 12/21/2015

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E
Permit Number: 19951E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG513102 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	4:26pm 4:27pm
ACCY CHK AIR BLK	.08 .00	4:28pm 4:29pm
SUB TEST	.00	4:29pm
AIR BLK	.00	4:30pm
SUB TEST	.00	4:32pm
AIR BLK	.00	4:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## CLEVELAND COUNTY CLEVELAND SD-ANNEX 220

Serial Number: 008893 Test Record Number: 1417
Test Date: 12/21/2015 Test Time: 4:34pm EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	4:34pm
FLO	Pass	4:34pm
FC .	Pass	4:34pm

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	4:34pm
DET BAR	Pass Pass	4:34pm
BT	Pass	4:34pm

## Blank Tests

Test	Status	Time
AIR	 Pass	4:35pm

## Printer Tests

Test	Status	Time
PRNT	Pass	4:35pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:35pm 4:35pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETI	ERS, MODEL IN	TOX EC/IR II
County	CZAVEN	Instrument Location	BAT MOBILE UNI
Instrument S	erial No. <u>608614</u>		BAT MOBILE UNI HAVELOCK, NC
The preventi		Intoximeters, Model Intox	EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d		alcoholic breath simulator thermometer shows
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	l;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample	8
7.	When "PLEASE BLOW" app	ears, collect breath sample	y. '?
8.	Print test record;		re.
9.	Verify Diagnostic Program; an	nd	
10.			ore expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
	on the 18 day of DE cere performed on the instrument inc of Health and Human Services, and	dicated above, in accordan-	the forgoing preventive maintenance with current regulations of the N.C.
STATE STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STAT	Colon	13	648
	Sign	nature of Certifying Officia	d Certificate Number

## CRAVEN COUNTY BAT MOBILE UNIT 9 240

Serial Number: 008616 Test Date: 12/18/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00 .00	11:45pm 11:46pm 11:47pm 11:48pm 11:49pm 11:49pm 11:51pm 11:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## CRAVEN COUNTY BAT MOBILE UNIT 9 240

Serial Number: 008616

Test Record Number: 2167

Test Date: 12/18/2015

Test Time: 11:53pm EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	11:53pm
FLO	Pass	11:53pm
FC	Pass	11:53pm

## Temperature Tests

Status	Time
Pass	11:53pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	11:54pm

## Printer Tests

Test	Status	Time
PRNT	Pass	11:54pm
	CRC Tests	
	<b></b>	

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

		No, MODEL INTOX EC/I	
County	CRAVEN	Instrument Location BAT	MOBILE UN
Instrument Se	rial No. <u>008647</u>	Have	LOCK, NC
The preventiv	e maintenance procedures for the In	toximeters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	displays pressure, or the alcoholic breat gree centigrade;	h simulator thermometer show
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;	·	
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	urs, collect breath sample;	
7.	When "PLEASE BLOW" appear	urs, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		US:
10.  I certify that or	simulator solution is being chang whichever occurs first.	ter is being changed before expiration diged every four months or after 125 Alcoholds English English 20 15 the forg	pholic Breath Simulator tests,
procedures wer Department of	e performed on the instrument indic	ated above, in accordance with current in instrument is functioning properly.	regulations of the N.C.
THE STATE OF THE S	No. The Case of th	4	
OF QUAM VIDER	Cilu 19	Bannag	<u> 648</u>
~	Signat	ure of Certifying Official	Cartificate Number

CRAVEN COUNTY BAT MOBILE UNIT 9 240

Serial Number: 008647 Test Date: 12/18/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG434201 Exp Date: 12/08/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	11:43pm 11:44pm 11:45pm 11:46pm
AIR BLK	.00	11:47pm
SUB TEST	.00	11:48pm
AIR BLK	.00	11:49pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## CRAVEN COUNTY BAT MOBILE UNIT 9 240

Serial Number: 008647 Test Record Number: 2179
Test Date: 12/18/2015 Test Time: 11:53pm EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	11:54pm
FLO	Pass	11:54pm
FC	Pass	11:54pm

## Temperature Tests

Test	Status	Time
FC1	Pass	11:54pm
SRC	Pass	11:54pm
DET	Pass	11:54pm
BAR	Pass	11:54pm
BT	Pass	11:54pm

## Blank Tests

Test	Status	Time
	•	
AIR	Pass	11:54pm

## Printer Tests

Test

CAL

Status

	*		
PRNT	Pass	11:55pm	
	CRC Tests		
Test	Status	Time	
COMP	Pass	11:55pm	

Time

11:55pm

Preventive Maintenance Status: Pass

Pass

Anályst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County	RAVEN Instrument Location BAT MOBILE UNI
Instrument S	ERAVEN Instrument Location BAT MOBILE UNI  Perial No. 008707 HAVE LOCK, DC
	·
The prevention four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
1	· June .
I certify that or	
procedures we Department of	re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
. (	to tanocioning property.
STATE OF THE CREAT	ACREA CONTRACTOR OF THE PROPERTY OF THE PROPER
ARR. 12, TIB	Mun 19 648
	Signature of Certifying Official Certificate Number

## CRAVEN COUNTY BAT MOBILE UNIT 9 240

Serial Number: 008707 Test Date: 12/18/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG507902 Exp Date: 03/20/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	11:45pm 11:46pm
ACCY CHK AIR BLK	.08 .00	11:46pm 11:47pm
SUB TEST	.00	11:48pm
AIR BLK	.00	11:49pm
SUB TEST	.00	11:50pm
AIR BLK	.00	11:51pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## CRAVEN COUNTY BAT MOBILE UNIT 9 240

Serial Number: 008707 Test Date: 12/18/2015

Test Record Number: 2261 Test Time: 11:51pm EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	11:52pm
FLO	Pass	11:52pm
FC	Pass	11:52pm

## Temperature Tests

Test	Status	Time
FC1	Pass	11:52pm
SRC	Pass	11:52pm
DET	Pass	11:52pm
BAR	Pass	11:52pm
BT	Pass	11:52pm

## Blank Tests

Test	Status	Time
AIR	Pass	11:53pm

## Printer Tests

Test	Status	Time
PRNT	Pass	11:53pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:53pm 11:53pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	y.		
County C	umberland Instrument Location BAT WOBILE LINITED		
Instrument S	Serial No. 008637 For 1312466		
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
procedures w	on the, 20/5 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.		
THE STATE OF THE S	Signature of Certifying Official Certificate Number		

#### CUMBERLAND COUNTY BAT MOBILE UNIT 10 250

Serial Number: 008637 Test Record Number: 2843 Test Date: 12/31/2015 Test Time: 8:47pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:47pm
FLO	Pass	8:47pm
FC	Pass	8:48pm

## Temperature Tests

Test	Status	Time
FC1	Pass	8:48pm
SRC	Pass	8:48pm
DET	Pass	8:48pm
BAR	Pass	8:48pm
$\mathtt{BT}$	Pass	8:48pm

#### Blank Tests

Test	Status	Time
AIR	Pass	8:48pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:48pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	8:49pm 8:49pm

Preventive Maintenance Status: Pass

Sont Soll 5 Yaux Analysi

CUMBERLAND COUNTY BAT MOBILE UNIT 10 250

> Serial Number: 008637 Test Date: 12/31/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	8:33pm 8:34pm 8:35pm
AIR BLK	.00	8:36pm
SUB TEST	.00	8:37pm
AIR BLK	.00	8:37pm
SUB TEST	.00	8:39pm
ATR BLK	.00	8:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location 37 WOBIE LOUIT IT	Ľ		
Instrument S	Serial No. DO 8686 FORT BRAGE			
The prevent four months	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every sare:	— у		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer should degree, plus or minus .2 degree centigrade;	УC		
2.	Verify instrument displays time and date;			
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW" appears, collect breath sample;			
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.			
I certify that procedures v Department	t on the	Эе		
THE STATE OF THE S	Signature of Certifying Official Certificate Number	-		

# CUMBERLAND COUNTY BAT MOBILE UNIT 10 250

Serial Number: 008686 Test Record Number: 6351 Test Date: 12/31/2015 Test Time: 11:28pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:29pm
FLO	Pass	11:29pm
FC	Pass	11:29pm

## Temperature Tests

Test	Status	Time
FC1	Pass	11:29pm
SRC	Pass	11:29pm
$\mathtt{DET}$	Pass	11:29pm
BAR	Pass	11:29pm
${ t BT}$	Pass	11:29pm

#### Blank Tests

Test	Status	Time
AIR	Pass	11:30pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:30pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:30pm 11:30pm

Preventive Maintenance Status: Pass

Les 6. 110/al

CUMBERLAND COUNTY BAT MOBILE UNIT 10

Serial Number: 008686 Test Date: 12/31/2015

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G
Permit Number: 9372E
Effective:
07/01/2015-07/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00 .00	11:05pm 11:06pm 11:06pm 11:07pm 11:08pm
		11:10pm
AIR BLK	.00	11:11pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Sens 7110 XX

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C.	es book son	Instrument Location [	SOF MOBILE	how it the
Instrument Ser	ial No. <u>008776</u>	pare.	GUT 13/14	66
The preventive four months ar	maintenance procedures for the Int	oximeters, Model Intox EC/	/IR II to be followe	d at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 degr		holic breath simula	tor thermometer show
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
<b>.</b> 6.	When "PLEASE BLOW" appea	rs, collect breath sample;		
7.	When "PLEASE BLOW" appea	rs, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.			
procedures wer	the <u>3</u> / day of <u>December</u> e performed on the instrument indic Health and Human Services, and the	ated above, in accordance w	vith current regulati	eventive maintenance ons of the N.C.
OF THE STATE OF TH	Signat	ure of Certifying Official	MANN IN LABOR TO A	636 tificate Number

## CUMBERLAND COUNTY BAT MOBILE UNIT 10 250

Serial Number: 008776 Test Record Number: 3284
Test Date: 12/31/2015 Test Time: 11:15pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:16pm
FLO	Pass	11:16pm
FC	Pass	11:16pm

# Temperature Tests

Test	Status	Time
FC1	Pass	11:16pm
SRC	Pass	11:16pm
DET	Pass	11:16pm
BAR	Pass	11:16pm
BT	Pass	11:16pm

#### Blank Tests

Test	Status	Time
AIR	Pass	11:17pm

## Printer Tests

Test	Status	Time
PRNT	Pass	11:17pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:17pm 11:17pm

Preventive Maintenance Status: Pass

Steps 6- Moral
Analyst

CUMBERLAND COUNTY BAT MOBILE UNIT 10 250

Serial Number: 008776 Test Date: 12/31/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:02pm 11:03pm 11:03pm
AIR BLK	.00	11:04pm
SUB TEST	.00	11:06pm
AIR BLK	.00	11:07pm
SUB TEST	.00	11:08pm
AIR BLK	.00	11:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	TUMBERLAND Instrument Location FT. BAGG
Instrument Ser	rial No. 008787
· · · · · · · · · · · · · · · · · · ·	
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the <u>02</u> day of <u>12000000</u> , 20 /5 the forgoing preventive maintenance the performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number
W.	The court of the c

CUMBERLAND CO. FORT BRAGG LEC. 250

Serial Number: 008787 Test Date: 12/02/2015

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H
Permit Number: 6108E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG517402 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	11:48am 11:48am 11:49am 11:50am 11:51am 11:52am
SUB TEST	.00	11:52am
AIR BLK	.00	11:53am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND CO. FORT BRAGG LEC. 250

Serial Number: 008787 Test Record Number: 544
Test Date: 12/02/2015 Test Time: 11:55am EST

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	11:56am
FLO	Pass	11:56am
FC	Pass	11:56am

## Temperature Tests

Test	Status	Time
FC1	Pass	11:56am
SRC	Pass	11:56am
DET	Pass	11:56am
BAR	Pass	11:56am
BT	Pass	11:56am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:57am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:57am
	CRC Tests	•
Test	Status	Time
COMP	Pass	11:57am

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County CL	Instrument Location FT. BRAGE
Instrument Seri	al No. <u>008903</u> <u>P.M.O.</u>
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the <u>O</u> day of <u>DECENSER</u> , 20 /5 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
O'THE STATE OF A PLANT OF THE STATE OF THE S	Signature of Certifying Official Certificate Number

#### CUMBERLAND COUNTY FORT BRAGG LEC. 250

Serial Number: 008903 Test Date: 12/02/2015

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: *Male*Driver's License State: *XX*Driver's License Number: *NONE* 

Analyst's Name: RUSSELL, LARRY H
Permit Number: 6108E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG507902 Exp Date: 03/20/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	12:23pm
ACCY CHK	.00 .08	12:24pm 12:24pm
AIR BLK	.00	12:26pm
SUB TEST	.00	12:27pm
AIR BLK	.00	12:27pm
SUB TEST	.00	12:29pm
AIR BLK	.00	12:30pm

Reported AG: .00 g/210L

Signature of Chemical Analyst

Court CVR

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is form is used when performing Preventive Maintenance p

#### CUMBERLAND COUNTY FORT BRAGG LEC. 250

Serial Number: 008903

Test Record Number: 1528

Test Date: 12/02/2015

Test Time: 12:41pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:42pm
FLO	Pass	12:42pm
FC	Pass	12:42pm

# Temperature Tests

Test	Status	Time
FC1	Pass	12:42pm
SRC	Pass	12:42pm
DET	Pass	12:42pm
BAR	Pass	12:42pm
BT	Pass	12:42pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:42pm

#### Printer Tests

ICSC	Status	ттше
PRNT	Pass	12:43pm
	CRC Tests	

IESL	Status	TTIIIG
COMP	Pass	12:43pm
CAL	Pass	12:43pm

Preventive Maintenance Status: Pass

Instrument	Serial No. 006949 1123 Oceantrail, Corolla,	
The prevent	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever a are:	гy
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shade degrees, plus or minus .2 degree centigrade;	юv
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	•
6.	When "PLEASE BLOW" appears, collect breath sample;	
. <b>7.</b>	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.	s,
I certify that opposed ures we Department of	on the day of <u>lecent Ber</u> , 20 5 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.	ce
OREAL STATE	STORE CARD	

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008949 Test Date: 12/03/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG507902 Exp Date: 03/20/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	1:07pm 1:08pm 1:08pm
AIR BLK SUB TEST	.00 .00	1:09pm 1:10pm
AIR BLK	.00	1:11pm
SUB TEST	.00	1:12pm
AIR BLK	.00	1:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008949

Test Record Number: 390 Test Date: 12/03/2015 Test Time: 1:14pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:15pm 1:15pm
FC	Pass	1:15pm

# Temperature Tests

Status	Time
Pass	1:15pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	1:16pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:16pm

#### CRC Tests

Test	Status	Time
COMP	Pass	1:16pm
CAL	Pass	1:16pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance I certify that on the day of procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844 Test Date: 12/03/2015

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX

Driver's License Number: NONE Analyst's Name: KEESLER, LINDA A Permit Number: 11646E

> Effective: 08/01/2015-08/01/2017

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG513103 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	2:28pm 2:29pm
ACCY CHK	.08	2:30pm
AIR BLK	.00	2:31pm
SUB TEST	.00	2:31pm
AIR BLK	.00	2:32pm
SUB TEST	.00	2:36pm
AIR BLK	.00	2:37pm

Reported AC: _.00 g/210L

Signature of Chemical Analyst

Court CVR

#### DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844 Test Record Number: 1687
Test Date: 12/03/2015 Test Time: 2:37pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:38pm
FLO	Pass	2:38pm
FC	Pass	2:38pm

## Temperature Tests

Test	Status	Time
FC1	Pass	2:38pm
SRC	Pass	2:38pm
DET	Pass	2:38pm
BAR	Pass	2:38pm
BT	Pass	2:38pm

## Blank Tests

Test	Status	Time
AIR	Pass	2:39pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:39pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:39pm
CAL	Pass	2:39pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Dutcharn Inst	rument Location 537/110	Bile Chair Tothe 10
Instrument	t Serial No <u> </u>	Dunt	Aen
The preven	ntive maintenance procedures for the Intoxime hs are:	ters, Model Intox EC/IR II to be for	ollowed at least once every
. 1.	Verify the ethanol gas canister displays 34 degrees, plus or minus .2 degree cer		simulator thermometer show
2.	Verify instrument displays time and da	te;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, col	lect breath sample;	
7.	When "PLEASE BLOW" appears, col	lect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is b simulator solution is being changed even whichever occurs first.	eing changed before expiration da ery four months or after 125 Alcoh	te, or the alcoholic breath nolic Breath Simulator tests,
I certify the procedures Departmen	nat on the 18 day of 1) consistency of the instrument indicated a not of Health and Human Services, and the instrument	the forgonbove, in accordance with current rument is functioning properly.	oing preventive maintenance regulations of the N.C.
SE S	ATE or NO PARTIE OF NO PARTIE O	6.7115 mod	631
	Signature of	Certifying Official	Certificate Number

## DURHAM COUNTY BAT MOBILE UNIT 10 310

Serial Number: 008580 Test Record Number: 2246
Test Date: 12/18/2015 Test Time: 9:55pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:56pm
FLO	Pass	9:56pm
FC	Pass	9:56pm

## Temperature Tests

Test	Status	Time
FC1	Pass	9:56pm
SRC	Pass	9:56pm
DET	Pass	9:56pm
BAR	Pass	9:56pm
$\mathtt{BT}$	Pass	9:56pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:57pm

#### Printer Tests

Test	Status	ттше
PRNT	Pass	9:57pm
	CRC Tests	

Test	Status	Time
COMP	Pass	9:57pm
CAL	Pass	9:57pm

Preventive Maintenance Status: Pass

Analyst

#### DURHAM COUNTY BAT MOBILE UNIT 10 310

Serial Number: 008580 Test Date: 12/18/2015

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G
Permit Number: 9372E
Effective:
07/01/2015-07/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	9:48pm 9:49pm 9:49pm 9:50pm
SUB TEST	.00	9:51pm
AIR BLK	.00	9:52pm
SUB TEST	.00	9:53pm
AIR BLK	.00	9:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Duritan Instrument Location Bal Wabile Con, Total
Instrument Se	rial No. 008384 DLEAHAM
The preventiv four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	n the
STATE OF STA	Signature of Certifying Official Certificate Number

DURHAM COUNTY BAT MOBILE UNIT 10 310

Serial Number: 008584 Test Record Number: 2074

Test Date: 12/18/2015 Test Time: 10:18pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:18pm
FLO	Pass	10:18pm
FC	Pass	10:19pm

# Temperature Tests

Test	Status	Time
FC1	Pass	10:19pm
SRC	Pass	10:19pm
DET	Pass	10:19pm
BAR	Pass	10:19pm
BT	Pass	10:19pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:19pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:19pm

#### CRC Tests

Test	Status	Time
COMP	Pass	10:20pm
CAL	Pass	10:20pm

Preventive Maintenance Status: Pass

Analyst Moran

DURHAM COUNTY BAT MOBILE UNIT 10 310

Serial Number: 008584 Test Date: 12/18/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517402 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG	Pass	10:09pm
AIR BLK	.00	10:10pm
ACCY CHK	.08	10:10pm
AIR BLK	.00	10:11pm
SUB TEST	.00	10:13pm
AIR BLK	.00	10:14pm
SUB TEST	.00	10:16pm
AIR BLK	.00	10:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Due Hary Instrument Location But he Bile and the
Instrument Se	rial No. 008686 DERHAM
The preventiv four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the 18 day of 30 services, and the instrument is functioning properly.
TANK STATE OF THE PART OF THE	Signature of Certifying Official Certificate Number

# DURHAM COUNTY BAT MOBILE UNIT 10 310

Serial Number: 008686

Test Record Number: 6342

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	9:59pm
FLO	Pass	9:59pm
FC	Pass	9:59pm

## Temperature Tests

Test	Status	Time
FC1	Pass	9:59pm
SRC	Pass	9:59pm
DET	Pass	9:59pm
BAR	Pass	9:59pm
BT	Pass	9:59pm

#### Blank Tests

Test	Status	Time
	<b>D</b>	10 00

AIR Pass 10:00pm

## Printer Tests

Test	Status	Time
PRNT	Pass	10:00pm

## CRC Tests

Test	Status	Time
COMP	Pass	10:00pm
CAL	Pass	10:00pm

Preventive Maintenance Status: Pass

# DURHAM COUNTY BAT MOBILE UNIT 10 310

Serial Number: 008686 Test Date: 12/18/2015

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG	Pass	9:50pm
AIR BLK	.00	9:51pm
ACCY CHK	.07	9:52pm
AIR BLK	.00	9:53pm
SUB TEST	.00	9:54pm
AIR BLK	.00	9:55pm
SUB TEST	.00	9:56pm
ATR BLK	.00	9:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County/	Dungston	Instrument Location Bot Wo Bile Lwit # 12
Instrument S	Serial No. <u>808779</u>	DuitHan
The preventi	tive maintenance procedures for the Intox s are:	imeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister disp 34 degrees, plus or minus .2 degree	lays pressure, or the alcoholic breath simulator thermometer show centigrade;
2.	Verify instrument displays time and	date;
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears,	collect breath sample;
7.	When "PLEASE BLOW" appears,	collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is simulator solution is being changed whichever occurs first.	s being changed before expiration date, or the alcoholic breath every four months or after 125 Alcoholic Breath Simulator tests,
certify that or cedures we Department o	on the/8 day of/6	the forgoing preventive maintenance d above, in accordance with current regulations of the N.C. strument is functioning properly.
THE STATE OF THE S	E ON OCH HICKORY	of Certifying Official Certificate Number

## DURHAM COUNTY BAT MOBILE UNIT 10 310

Serial Number: 008779 Test Record Number: 3385 Test Date: 12/18/2015

Test Time: 10:21pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:22pm 10:22pm
FC	Pass	10:22pm

# Temperature Tests

Test	Status	Time
FC1	Pass	10:22pm
SRC	Pass	10:22pm
DET	Pass	10:22pm
BAR	Pass	10:22pm
BT	Pass	10:22pm

# Blank Tests

Test	Status	Time
AIR	Pass	10:23pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:23pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:23pm 10:23pm

Preventive Maintenance Status: Pass

#### DURHAM COUNTY BAT MOBILE UNIT 10 310

Serial Number: 008779 Test Date: 12/18/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	10:11pm 10:12pm 10:13pm 10:14pm
SUB TEST	.00	10:14pm
AIR BLK	.00	10:15pm
SUB TEST	.00	10:17pm
AIR BLK	.00	10:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Fi	ZONKLIN Instrument Location FRANKLINTUN PD
Instrument Ser	ial No. 009815 #7 W. MASON ST. FRANKLINTON
The preventive four months are	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7 <b>.</b>	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the OR day of DECEMBER, 20/5 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OF THE STATE OF TH	Bus A Smith 637
	Signature of Certifying Official Certificate Number

#### FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815 Test Date: 12/08/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911
Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D
Permit Number: 8937E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG513102 Exp Date: 05/11/2017

g/210L	Time
Pass .00 .08 .00	1:17pm 1:18pm 1:19pm 1:19pm 1:20pm
.00	1:21pm
.00	1:22pm
.00	1:23pm
	Pass .00 .08 .00 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815 Test Date: 12/08/2015

Test Record Number: 996

Test Time: 1:29pm EST

System Check: Passed

# Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:30pm 1:30pm
FC	Pass	1:30pm

# Temperature Tests

Test	Status	Time
FC1	Pass	1:30pm
SRC	Pass	1:30pm
DET	Pass	1:30pm
BAR	Pass	1:30pm
BT	Pass	1:30pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:31pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:31pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:31pm 1:31pm

Preventive Maintenance Status: Pass

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

grane.	INTOXIMIE TERO, MODEL INTOX EC/IR II
	RANKLIN Instrument Location FRANKLIN Co. JAIL
Instrument Ser	orial No. 008933 285 T KEMP RD LOUISRUEG,
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1,	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the <u>S</u> day of <u>FMBEL</u> , 20 <u>/</u> 5 the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	
and the same	Signature of Certifying Official Certificate Number

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933 Test Date: 12/08/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D Permit Number: 8937E Effective: 08/01/2015-08/01/2017

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> Lot Number: AG513101 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	3:04pm 3:05pm 3:06pm
AIR BLK SUB TEST	.00 . <b>00</b>	3:07pm
AIR BLK	.00	3:08pm 3:09pm
SUB TEST	.00	3:10pm
AIR BLK	.00	3:11pm

Reported AC:

Signature of Chemical Analyst

Court CVR

## FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933 Test Date: 12/08/2015

Test Record Number: 745
Test Time: 3:12pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:12pm
FLO	Pass	3:12pm
FC	Pass	3:13pm

## Temperature Tests

Test	Status	Time
FC1	Pass	3:13pm
SRC	Pass	3:13pm
DET	Pass	3:13pm
BAR	Pass	3:13pm
BT	Pass	3:13pm

## Blank Tests

Test	Status	Time
AIR	Pass	3:13pm

## Printer Tests

Test	Status	Time
PRNT	Pass	3:13pm

#### CRC Tests

Test	Status	Time
COMP	Pass	3:13pm
CAL	Pass	3:13pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County FRA	NKLIN Instrument Location FRANKLIN CO. JAIL
Instrument Ser	ial No. 008942 285 TKEMPRO LOUISBURG, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of H	the OB day of DECEMBER, 2015 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF NO. 1775 N. 175 N	Signature of Certifying Official Certificate Number

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008942 Test Date: 12/08/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D
Permit Number: 8937E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG507902 Exp Date: 03/20/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00	3:04pm 3:05pm 3:06pm 3:07pm 3:07pm 3:08pm 3:10pm 3:11pm
SUB TEST AIR BLK SUB TEST	.00	3:07pr 3:08pr 3:10pr

Reperted AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Suc I Broth

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008942

Test Record Number: 936

Test Date: 12/08/2015

Test Time: 3:13pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:13pm
FLO	Pass	3:13pm
FC	Pass	3:13pm

## Temperature Tests

Test	Status	Time
FC1	Pass	3:13pm
SRC	Pass	3:13pm
DET	Pass	3:13pm
BAR	Pass	3:13pm
BT	Pass	3:13pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:14pm

## Printer Tests

rest	Status	Time
PRNT	Pass	3:14pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:14pm

Pass 3:14pm Preventive Maintenance

CAL

3:14pm

Status: Pass

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	taham	Instrument Location	ham Co.	50
Instrument S	erial No. <u>0089/5</u>	Robbinsville	NC	····
		· · · · · · · · · · · · · · · · · · ·		
The prevention four months	ve maintenance procedures for the Irare:	ntoximeters, Model Intox EC/IR	II to be followed	at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcohol gree centigrade;	ic breath simulato	r thermometer show
2.	Verify instrument displays time	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;	;		
• • 5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appe	ears, collect breath sample;		•
7.	When "PLEASE BLOW" appe	ears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and	d		
10.	Verify that the ethanol gas cani simulator solution is being char whichever occurs first.	ister is being changed before exp nged every four months or after	iration date, or the 125 Alcoholic Bre	alcoholic breath ath Simulator tests,
I certify that procedures w Department of	on the <u>/</u> day of <u>/</u> ec vere performed on the instrument ind of Health and Human Services, and t	licated above, in accordance with the instrument is functioning pro	the forgoing prevalence to the control of the contr	entive maintenance ns of the N.C.
STATI COREAT SE	CAROLLI CAROLL			
AFIL 12, V	a lens	R. Luthanature of Certifying Official		ificate Number
	Olkii	igiture of Certifying Official	COL	ILIVARY I TALLIEVE

#### GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008915 Test Date: 12/18/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911

Subject's Sex: *Male*Driver's License State: *XX*Driver's License Number: *NONE* 

Analyst's Name: CUTLER, DANIEL R
Permit Number: 8457E
Effective:
09/01/2015-09/01/2017

Officer's Name: NONE,
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG513101 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	11:23am 11:24am 11:25am 11:26am 11:27am 11:28am
AIR BLK	.00	11:30am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Earl R. Cuth

## GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008915 Test Record Number: 655
Test Date: 12/18/2015 Test Time: 11:33am EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	11:34am
FLO	Pass	11:34am
FC	Pass	11:34am

## Temperature Tests

Test Status Tim	e
FC1 Pass 11:	34am
SRC Pass 11:	34am
DET Pass 11:	34am
BAR Pass 11:	34am
BT Pass 11:	34am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:35am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:35am
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	11:35am

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County G	een e	Instrument	Location Greene	G. S.O.
Instrument Seri	al No. <u>008670</u>	301	W. Greene	St., Snow Hill
The preventive four months are	maintenance procedures for the Ir	ntoximeters, M	odel Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de			th simulator thermometer shows
2.	Verify instrument displays time	and date;		e e e
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appe	ears, collect bro	eath sample;	•
7.	When "PLEASE BLOW" appe	ears, collect bro	eath sample;	
8.	Print test record;			
9.	Verify Diagnostic Program; and	i		
10.	Verify that the ethanol gas cani simulator solution is being char whichever occurs first.	ster is being cl nged every fou	nanged before expiration r months or after 125 Al	date, or the alcoholic breath coholic Breath Simulator tests,
I certify that on procedures were Department of I	theday ofe performed on the instrument ind Health and Human Services, and t	icated above, i	n accordance with curre	rgoing preventive maintenance nt regulations of the N.C.
STATE OF THE STATE	OR LINE CAROLINA			
APRIL 12, 17%	Ken )	11 5		643
· · · · · · · · · · · · · · · · · · ·		ature of Certif	ying Official	Certificate Number

GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Date: 12/17/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG513103 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	9:29am 9:30am 9:31am 9:32am
AIR BLK	.00	9:33am
SUB TEST	.00	9:35am
ATR BLK	.00	9:36am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Record Number: 1559
Test Date: 12/17/2015 Test Time: 9:37am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:37am
FLO	Pass	9:37am
FC	Pass	9:38am

## Temperature Tests

Test	Status	Time
FC1	Pass	9:38am
SRC	Pass	9:38am
DET	Pass	9:38am
BAR	Pass	9:38am
BT	Pass	9:38am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:38am

## Printer Tests

Test	Status	Time
PRNT	Pass	9:38am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:39am 9:39am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	TWILFORD Instrument Location BAT MOBILE Z
Instrument Se	erial No. U0860/
The preventiv	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures wer Department of	theday of
THE STATE OF	Signature of Certifying Official Certificate Number

## GUILFORD COUNTY BATMOBILE UNIT 2 400

Serial Number: 008601 Test Date: 12/04/2015

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: INGLE, LARRY W
Permit Number: 7281E
Effective:
02/01/2014-02/01/2016

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG517402 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:52pm 10:53pm 10:54pm
AIR BLK	.00	10:54pm
SUB TEST	.00	10:55pm
AIR BLK	.00	10:56pm
SUB TEST	.00	10:58pm
AIR BLK	.00	10:59pm

Reported AC:

Ø d∕/210I

Signature of Chemical Analyst

Court EVI

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Analyst

Rev. 12/2007

#### GUILFORD COUNTY BATMOBILE UNIT 2 400

Serial Number: 008601 Test Record Number: 1144
Test Date: 12/04/2015 Test Time: 11:00pm EST

System Check: Passed

## Baseline Tests

IR Pass 11:01pm	Test	Status	Time
_	FLO	Pass	11:01pm 11:01pm 11:01pm

## Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:01pm 11:01pm 11:01pm 11:01pm 11:01pm
		_

#### Blank Tests

Test	Status	Time
AIR	Pass	11:02pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:02pm
	CRC Tests	•
Test	Status	Time
COMP	Pass	11:02pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD ANTOXIMETERS, MODEL INTOX EC/IR II

, and a second	INTOXIMETERS, MODEL INTOX EC/IR II
County 5	Instrument Location UNC-6
Instrument Se	erial No.008604 Police Department
The prevention	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on theday ofecent/ber, 20 /5 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STAT OF THE STATE	
	Certificate Number

#### GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604 Test Date: 12/16/2015

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K
Permit Number: 11598E
Effective:
05/01/2015-05/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG517501 Exp Date: 06/24/2017

Test	g/210L	Time
DIAG	Pass	2:56pm
AIR BLK	.00	2:56pm
ACCY CHK	.08	2:57pm
AIR BLK	.00	2:58pm
SUB TEST	.00	2:59pm
AIR BLK	.00	3:00pm
SUB TEST	.00	3:01pm
AIR BLK	.00	3:02pm

Reported AC: / .00 g/210L

Signature of Chemical Analyst

Court CVR

L. Kwi Dow Analyst

## GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604

Test Record Number: 1407

Test Date: 12/16/2015

Test Time: 3:06pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:07pm
FLO	Pass	3:07pm
FC	Pass	3:07pm

## Temperature Tests

Test	Status	Time
FC1	Pass	3:07pm
SRC	Pass	3:07pm
DET	Pass	3:07pm
BAR	Pass	3:07pm
BT	Pass	3:07pm

### Blank Tests

Test	Status	Time
AIR	Pass	3:07pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:08pm

#### CRC Tests

Test	Status	Time
COMP	Pass Pass	3:08pm 3:08pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

INTOXIMETERS, MODEL INTOX EC/IR II

County Instrument Location Real Store File

County County

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

- 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- 2. Verify instrument displays time and date;
- 3. Initiate breath test sequence;
- 4. Enter information as prompted;
- Verify instrument accuracy;
- 6. When "PLEASE BLOW" appears, collect breath sample;
- 7. When "PLEASE BLOW" appears, collect breath sample;
- Print test record;
- 9. Verify Diagnostic Program; and
- 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the day of december, 20/5 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

## GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725 Test Date: 12/16/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517501 Exp Date: 06/24/2017

Test	g/210L	Time
DIAG	Pass	12:25pm
AIR BLK	.00	12:26pm
ACCY CHK	.08	12:26pm
AIR BLK	.00	12:27pm
SUB TEST	.00	12:28pm
AIR BLK	.00	12:29pm
SUB TEST	.00	12:30pm
ATR BLK	.00	12:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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## GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725

Test Record Number: 3532

Test Date: 12/16/2015

Test Time: 12:32pm EST

## System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	12:32pm
FLO	Pass	12:32pm
FC	Pass	12:32pm

## Temperature Tests

Test	Status	Time
FC1	Pass	12:33pm
SRC	Pass	12:33pm
DET	Pass	12:33pm
BAR	Pass	12:33pm
BT	Pass	12:33pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:33pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:33pm

#### CRC Tests

Test	Status	Time
COMP	Pass	12:33pm
CAL	Pass	12:33pm

Preventive Maintenance Status: Pass

L. Luind w

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS	S, MODEL INT	OX EC/IR II	20-
County	SULFORD	Instrument Location_	BAT MOBIL	<u> </u>
Instrument Se	rial No. <u>008734</u>			
The preventive four months a	re maintenance procedures for the Into	ximeters, Model Intox I	C/IR II to be followed at I	east once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degrees		coholic breath simulator th	iermometer show
2.	Verify instrument displays time as	nd date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;	•		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears	s, collect breath sample		
7.	When "PLEASE BLOW" appears	s, collect breath sample		
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas caniste simulator solution is being change whichever occurs first.	r is being changed beford devery four months or	re expiration date, or the al after 125 Alcoholic Breath	coholic breath Simulator tests,
I certify that opposedures we Department of	on theday ofday ofday off Health and Human Services, and the	ted above, in accordance instrument is functioning	the forgoing prevent e with current regulations ag properly.	tive maintenance of the N.C.
THE STATE OF THE S	A CORDINATION OF THE PROPERTY			044
	Signati	are of Certifying Officia	ı Certific	ate Number

## GUILFORD COUNTY BAT MOBILE UNIT 2 400

Serial Number: 008736 Test Date: 12/04/2015

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Female
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B
Permit Number: 13651E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG517402 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00 .00	11:10pm 11:11pm 11:12pm 11:13pm 11:13pm 11:14pm 11:16pm
		_
AIR BLK	.00	11:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Daya B Skin

## GUILFORD COUNTY BAT MOBILE UNIT 2 400

Serial Number: 008736 Test Record Number: 794
Test Date: 12/04/2015 Test Time: 11:22pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:23pm
FLO	Pass	11:23pm
FC	Pass	11:23pm

## Temperature Tests

Test	Status	Time
FC1	Pass	11:23pm
SRC	Pass	11:23pm
DET	Pass	11:23pm
BAR	Pass	11:23pm
BT	Pass	11:23pm

## Blank Tests

Test	Status	Time
AIR	Pass	11:24pm

#### Printer Tests

Status

Time

Test

PRNT	Pass	11:24pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:24pm 11:24pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County \	met Instrument Location Bal-Mobile Unit 2
Instrument Serie	al No 108090 Harnett Co So
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the day of the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OF THE STATE OF TH	Signature of Certifying Official Certificate Number

#### BAT MOBILE UNIT 2 HARNETT COUNTY 420

Serial Number: 008090 Test Date: 12/18/2015

Citation Number: M0000000-0
Subject's Name:
PRREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Female
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B
Permit Number: 13651E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG526401 Exp Date: 09/21/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:35pm 10:36pm 10:37pm
AIR BLK	.00	10:38pm
SUB TEST	.00	10:38pm
AIR BLK	.00	10:39pm
SUB TEST	.00	10:41pm
AIR BLK	.00	10:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

25Kmmmanalyst

## BAT MOBILE UNIT 2 HARNETT COUNTY 420

Serial Number: 008090 Test Date: 12/18/2015

Test Record Number: 27
Test Time: 10:44pm EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	10:44pm
FLO	Pass	10:44pm
FC	Pass	10:44pm

## Temperature Tests

Test Status Time	
FC1 Pass 10:44	om
SRC Pass 10:44	
DET Pass 10:44	om
BAR Pass 10:44	- om
BT Pass 10:44	

#### Blank Tests

Test	Status	Time
AIR	Pass	10:45pm

## Printer Tests

Test	Status	Time
PRNT	Pass	10:45pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:45pm 10:45pm

Preventive Maintenance Status: Pass

<u>Skynes</u> Analyst

Instrument Serial No. 008644 401 E. Broad St.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows

- 34 degrees, plus or minus .2 degree centigrade;
- Verify instrument displays time and date;
- Initiate breath test sequence;
- 4. Enter information as prompted;
- Verify instrument accuracy;
- 6. When "PLEASE BLOW" appears, collect breath sample;
- 7. When "PLEASE BLOW" appears, collect breath sample;
- 8. Print test record;
- Verify Diagnostic Program; and
- 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the ______ day of ______ day ______, 20 /_____ the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

#### HARNETT COUNTY DUNN POLICE DEPT. 420

Serial Number: 008644 Test Date: 12/03/2015

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: FARLEY, CYNTHIA D
Permit Number: 24123E
Effective:
11/01/2014-11/01/2016

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG434901 Exp Date: 12/15/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	3:49pm 3:50pm 3:51pm
AIR BLK	.00	3:52pm
SUB TEST	.00	3:53pm
AIR BLK	.00	3:54pm
SUB TEST	.00	3:55pm
AIR BLK	.00	3:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

## HARNETT COUNTY DUNN POLICE DEPT. 420

Serial Number: 008644

Test Record Number: 1164

Test Date: 12/03/2015

Test Time: 3:57pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:58pm
FLO	Pass	3:58pm
FC	Pass	3:58pm

## Temperature Tests

Status	Time
Pass	3:58pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	3:58pm

#### Printer Tests

iest	Status	TIME
PRNT	Pass	3:58pm

## CRC Tests

Test	Status	Time
COMP	Pass	3:59pm
CAL	Pass	3:59pm

Preventive Maintenance Status: Pass

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ha	wood Instrument Location Haywood Co. Tail
Instrument Ser	ial No. 008712 Waynesville, NC
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
<b>5.</b>	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
O'ME STATE ON THE STATE OF THE	Signature of Certifying Official Certificate Number

#### HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712 Test Date: 12/07/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 8457E

Effective:

09/01/2015-09/01/2017

Officer's Name: NONE, Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513101 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG	Pass	10:10am
AIR BLK	.00	10:11am
ACCY CHK	.08	10:11am
AIR BLK	.00	10:12am
SUB TEST	.00	10:13am
AIR BLK	.00	10:14am
SUB TEST	.00	10:15am
ATR BLK	0.0	10.16am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712 Test Date: 12/07/2015

Test Record Number: 1622

Test Time: 10:17am EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	10:18am
FLO	Pass	10:18am
FC	Pass	10:18am

## Temperature Tests

Test	Status	Time
FC1	Pass	10:18am
SRC	Pass	10:18am
DET	Pass	10:18am
BAR	Pass	10:18am
BT	Pass	10:18am

## Blank Tests

Test	Status	Time
AIR	Pass	10:18am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:19am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:19am 10:19am

Preventive Maintenance Status: Pass

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Instrument Serial No. OS714 Waynes Ville NC  The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once four months are:  1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and	11
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermomets 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and	
<ol> <li>Verify instrument displays time and date;</li> <li>Initiate breath test sequence;</li> <li>Enter information as prompted;</li> <li>Verify instrument accuracy;</li> <li>When "PLEASE BLOW" appears, collect breath sample;</li> <li>When "PLEASE BLOW" appears, collect breath sample;</li> <li>Print test record;</li> <li>Verify Diagnostic Program; and</li> </ol>	every
<ol> <li>Initiate breath test sequence;</li> <li>Enter information as prompted;</li> <li>Verify instrument accuracy;</li> <li>When "PLEASE BLOW" appears, collect breath sample;</li> <li>When "PLEASE BLOW" appears, collect breath sample;</li> <li>Print test record;</li> <li>Verify Diagnostic Program; and</li> </ol>	r show
<ol> <li>Enter information as prompted;</li> <li>Verify instrument accuracy;</li> <li>When "PLEASE BLOW" appears, collect breath sample;</li> <li>When "PLEASE BLOW" appears, collect breath sample;</li> <li>Print test record;</li> <li>Verify Diagnostic Program; and</li> </ol>	
<ol> <li>Verify instrument accuracy;</li> <li>When "PLEASE BLOW" appears, collect breath sample;</li> <li>When "PLEASE BLOW" appears, collect breath sample;</li> <li>Print test record;</li> <li>Verify Diagnostic Program; and</li> </ol>	
<ol> <li>When "PLEASE BLOW" appears, collect breath sample;</li> <li>When "PLEASE BLOW" appears, collect breath sample;</li> <li>Print test record;</li> <li>Verify Diagnostic Program; and</li> </ol>	
<ol> <li>When "PLEASE BLOW" appears, collect breath sample;</li> <li>Print test record;</li> <li>Verify Diagnostic Program; and</li> </ol>	
8. Print test record; 9. Verify Diagnostic Program; and	
9. Verify Diagnostic Program; and	
·	
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic br simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	eath tests,
I certify that on the	nance
Signature of Certifying Official  Certificate Number	

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Certificate Number

#### HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714 Test Date: 12/07/2015

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

<u>Subject's Sex: Male</u>

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R
Permit Number: 8457E
Effective:
09/01/2015-09/01/2017

Officer's Name: NONE,
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG513101 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	10:11am 10:12am
ACCY CHK	.07	10:12am 10:13am
AIR BLK	.00	10:14am
SUB TEST	. 00	10:14am
AIR BLK	. 00	10:15am
SUB TEST	.00	10:17am
AIR BLK	.00	10:18am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Day R. Cuth

## HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714 Test Record Number: 1327
Test Date: 12/07/2015 Test Time: 10:19am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:19am 10:19am
FC	Pass	10:19am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:19am
SRC	Pass	10:19am
DE'T	Pass	10:19am
BAR	Pass	10:19am
BT	Pass	10:19am

#### Blank Tests

Test	Status	Time
ATR	Pagg	10:20am

## Printer Tests

Test	Status	Time
PRNT	Pass	10:20am
	CRC Tests	
Test	Status	Tíme
COMP	Pass	10:20am

10:20am

Preventive Maintenance Status: Pass

Pass

CAL

On R. Cuther Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County//	Instrument Location Henderson Co. Detention
Instrument S	erial No. OOBBO6 Henderson Ville, NC
The preventifour months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the <u>22</u> day of <u>Decomper</u> , 20/5 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	
	Signature of Certifying Official Certificate Number

## HENDERSON COUNTY DENTENTION 440

Serial Number: 008806 Test Date: 12/22/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG513101 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	3:32pm 3:32pm 3:33pm 3:34pm 3:34pm 3:35pm
SUB TEST	.00	3:36pm
AIR BLK	.00	3:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## HENDERSON COUNTY DENTENTION 440

Serial Number: 008806

Test Record Number: 1819

Test Date: 12/22/2015 Test Time: 3:39pm EST

System Check: Passed

## Baseline Tests

## Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	3:40pm 3:40pm
DET	Pass	3:40pm
BAR	Pass	3:40pm
BT	Pass	3:40pm

## Blank Tests

Test	Status	Time
AIR	Pass	3:40pm

## Printer Tests

Test	Status	Time
PRNT	Pass	3:40pm

## CRC Tests

Test	Status	Time
COMP	Pass	3:40pm
CAL	Pass	3:40pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Heart	leason Instrument Location Henderson Co. Detention
Instrument Seria	No. 008822 Hendersonville, NC
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the <u>22</u> day of <u>December</u> , 20/5 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	SCARROLL 649
	Signature of Certifying Official Certificate Number

## HENDERSON COUNTY DETENTION 440

Serial Number: 008822 Test Date: 12/22/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513101 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	3:25pm 3:26pm 3:27pm
AIR BLK	.00	3:28pm
SUB TEST	.00	3:29pm
AIR BLK	.00	3:29pm
SUB TEST	.00	3:31pm
AIR BLK	.00	3:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## HENDERSON COUNTY DETENTION 440

Serial Number: 008822

Test Record Number: 1907

Test Date: 12/22/2015

Test Time: 3:33pm EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	3:33pm
FLO	Pass	3:33pm
FC	Pass	3:33pm

## Temperature Tests

Test	Status	Time
FC1	Pass	3:33pm
SRC	Pass	3:33pm
DET	Pass	3:33pm
BAR	Pass	3:33pm
BT	Pass	3:33pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:34pm

### Printer Tests

Test	Status	Time
PRNT	Pass	3:34pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:34pm

Preventive Maintenance Status: Pass

Pass

CAL

3:34pm

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Hev	INTOXIMETERS, MODEL INTOX EC/IR II  Hord  Instrument Location Murgaes boro PD	
_Instrument Ser	erial No. 008847 115 E. Broad St., Mulhesbur	011
The preventive four months ar	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once exare:	very
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 34 degrees, plus or minus .2 degree centigrade;	shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic brea simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator t whichever occurs first.	
I certify that or procedures wer Department of	on the	ance
THE STATE OF THE S	Lea De Constituto Cons	_

#### HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008847 Test Date: 12/01/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513103 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	10:58am 10:59am 10:59am 11:00am
SUB TEST	.00	11:00am
AIR BLK	.00	11:02am
SUB TEST	.00	11:03am
AIR BLK	.00	11:04am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008847 Test Record Number: 579
Test Date: 12/01/2015 Test Time: 11:06am EST

System Check: Passed

### Baseline Tests

Test	Status	Time
TR	Pass	11:07am
FLO	Pass	11:07am
FC	Pass	11:07am

## Temperature Tests

Status	Time
Pass	11:07am
	Pass Pass Pass Pass

## Blank Tests

Test	Status	Time
AIR.	Pass	11:07am

## Printer Tests

Test	Status	Time
PRNT	Pass	11:07am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:08am 11:08am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. Initiate breath test sequence; 3. Enter information as prompted; 4. Verify instrument accuracy; 5. When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. Print test record; Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the day of leave, and the instrument is functioning properly.

I certify that on the day of leave, and the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

## IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619 Test Record Number: 1187
Test Date: 12/10/2015 Test Time: 11:55am EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	11:55am
FĻO	Pass	11:55am
FC	Pass	11:56am

## Temperature Tests

Test	Status	Time
FC1	Pass	11:56am
SRC	Pass	11:56am
DÉT	Pass	11:56am
BAR	Pass	11:56am
BT	Pass	11:56am

#### Blank Tests

Test	Status	Time
ΔTP	Pagg	11.56am

## Printer Tests

Test	Status	Time
PRNT	Pass	11:56am
ear the triggs to the Triggs	CRC Tests	
Test	Status	Time

3		
COMP	Pass	11:57am
CAL	Pass	11:57am

Preventive Maintenance Status: Pass

Analyst

## IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619 Test Date: 12/10/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HAYS, MARK D Permit Number: 15924E

Effective:

01/01/2014-01/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG434901 Exp Date: 12/15/2016

Test	g/210L	Time
DIAG	Pass	12:09pm
AIR BLK	.00	12:10pm
ACCY CHK	.07	12:11pm
AIR BLK	.00	12:12pm
SUB TEST	.00	12:13pm
AIR BLK	.00	12:14pm
SUB TEST	.00	12:16pm
AIR BLK	.00	12:17pm

Reported AC: \ .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location 201 E. Water St. Statesville The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 10 day of 10 ece with or, 20 15 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

656

Certificate Number

## IREDELL COUNTY IREDELL COUNTY SD 480

Serial Number: 008809 Test Date: 12/10/2015

Test Record Number: 3166

Test Time: 11:24am EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:24am 11:24am
FC	Pass	11:25am

## Temperature Tests

Test	Status	Time
FC1	Pass	11:25am
SRC	Pass	11:25am
DET	Pass	11:25am
BAR	Pass	11:25am
BT	Pass	11:25am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:25am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:25am
	CRC Tests	

iest	Status	Time
COMP	Pass	11:25am
CAL	Pass	11:25am

Preventive Maintenance Status: Pass

Analyst

IREDELL COUNTY IREDELL COUNTY SD 480

Serial Number: 008809 Test Date: 12/10/2015

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HAYS, MARK D
Permit Number: 15924E
Effective:
01/01/2014-01/01/2016

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG513102 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:29am 11:30am 11:30am
AIR BLK	.00	11:31am
SUB TEST	.00	11:32am
AIR BLK	.00	11:33am
SUB TEST	.00	11:34am
AIR BLK	.00	11:35am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Jac		Instrument Location Jacks	
Instrument Seri	al No. <u>008708</u>	Sylva, NC	
		<u> </u>	
The preventive four months are		Intoximeters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic breat legree centigrade;	th simulator thermometer show
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	d;	
5.	Verify instrument accuracy;		Maria Villa Maria
6.	When "PLEASE BLOW" app	pears, collect breath sample;	·
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	nd	
10.	Verify that the ethanol gas car simulator solution is being cha whichever occurs first.	nister is being changed before expiration anged every four months or after 125 Alc	date, or the alcoholic breath coholic Breath Simulator tests,
procedures were	e performed on the instrument in	cernber, 20/5 the for dicated above, in accordance with currer the instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
OT THE STATE OF TH	CAROLINA CAROLINA A CAROLINA A CAROLINA	I R Cath	635
Minness	- Land Sin	enature of Certifying Official	Certificate Number

## JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008708 Test Date: 12/16/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 8457E

Effective:

09/01/2015-09/01/2017

Officer's Name: NONE, Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG409709 Exp Date: 04/07/2016

Test	g/210L	Time
DIAG AIR BLK	Pass	10:57am 10:58am
ACCY CHK	.07 .00	10:59am 11:00am
SUB TEST	.00	11:00am
AIR BLK	.00	11:01am
SUB TEST	.00	11:03am
AIR BLK	.00	11:03am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

On R. Cuth
Analyst

#### JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008708

Test Record Number: 1073

Test Date: 12/16/2015

Test Time: 11:05am EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	11:05am
FLO	Pass	11:05am
FC	Pass	11:05am

## Temperature Tests

Status	Time
Pass	11:05am
	Pass Pass Pass Pass

## Blank Tests

Test	Status	Time	

AIR Pass 11:06am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:06am

#### CRC Tests

Test	Status	Time
COMP	Pass Pass	11:06am 11:06am

Preventive Maintenance Status: Pass

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Tackson	Instrument Location	Tackson Co. Jail
County - april 1901		
Instrument Serial No. <u>COS</u>	1722 Sylva, NO	
The preventive maintenance profour months are:	cedures for the Intoximeters, Model Intox E	EC/IR II to be followed at least once every
1. Verify the etha 34 degrees, plu	anol gas canister displays pressure, or the alus or minus .2 degree centigrade;	coholic breath simulator thermometer show
2. Verify instrum	nent displays time and date;	
3. Initiate breath	test sequence;	
4. Enter informat	tion as prompted;	
5. Verify instrum	nent accuracy;	A STATE OF THE STA
6. When "PLEAS	SE BLOW" appears, collect breath sample;	
7. When "PLEAS	SE BLOW" appears, collect breath sample;	
8. Print test recor	rd;	
9. Verify Diagno	ostic Program; and	•
10. Verify that the simulator solut whichever occ	e ethanol gas canister is being changed before tion is being changed every four months or eurs first.	re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
I certify that on the procedures were performed on the Department of Health and Human	_day of	the forgoing preventive maintenance with current regulations of the N.C. ng properly.
	•	
Or WE STATE OF NO.		
* ESTE QUAN VOORA *	Dif R Cuth	635
	/ Signature of Certifying Officia	l Certificate Number

## JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008722 Test Date: 12/16/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: *Male*Driver's License State: *XX* 

Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 8457E

Effective:

09/01/2015-09/01/2017

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG409709 Exp Date: 04/07/2016

Test g/210L Time

DIAG	Pass	10:56am
AIR BLK	.00	10:57am
ACCY CHK	.07	10:58am
AIR BLK	.00	10:59am
SUB TEST	.00	11:00am
AIR BLK	.00	11:01am
SUB TEST	.00	11:02am
AIR BLK	.00	11:03am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008722 Test Record Number: 772 Test Date: 12/16/2015 Test Time: 11:11am EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass	11:11am 11:11am
	Pass	
FC	Pass	11:11am

## Temperature Tests

Test	Status	Time
FC1	Pass	11:12am
SRC	Pass	11:12am
DET	Pass	11:12am
BAR	Pass	11:12am
BT	Pass	11:12am

## Blank Tests

Test	Status	Time
AIR	Pass	11:12am

#### Printer Tests

1696	blatus	TIME
PRNT	Pass	11:12am

## CRC Tests

Tesc	Status	TIME
COMP	Pass	11:12am
CAL	Pass	11:12am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County	Whsten Instrument Location Selma Police A
Instrument Se	erial No. 008595 1200 S. Pollock St
· · · · · · · · · · · · · · · · · · ·	
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
. 8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the day of day of 20 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
TO THE STATE OF THE PARTY OF TH	Signature of Certifying Official Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

JOHNSTON COUNTY SELMA PD 500

Serial Number: 008595 Test Date: 12/01/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2014-11/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG434901 Exp Date: 12/15/2016

Test	g/210L	Time
DIAG	Pass	1:15pm
AIR BLK	.00	1:16pm
ACCY CHK	.07	1:16pm 1:17pm
AIR BLK	.00	1:17pm
SUB TEST	.00	_
AIR BLK	.00	1:19pm
SUB TEST	.00	1:21pm
ATR BIK	. 00	1:21pm

.00 g/210L Reported AC:

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures Forensic Tests for Alcohol Branch-

Department of Health and Human Services

Rev. 12/2007

## JOHNSTON COUNTY SELMA PD 500

Serial Number: 008595

Test Record Number: 926

Test Date: 12/01/2015

Test Time: 1:22pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:23pm
FLO	Pass	1:23pm
FC	Pass	1:23pm

### Temperature Tests

Test	Status	Time
FC1	Pass	1:23pm
SRC	Pass	1:23pm
DET	Pass	1:23pm
BAR	Pass	1:23pm
BT	Pass	1:23pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:23pm

## Printer Tests

Test	Status	TIME
PRNT	Pass	1:24pm

#### CRC Tests

Test	Status	TIME
COMP	Pass	1:24pm
CAL	Pass	1:24pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETE	CRS, MODEL INTO	X EC/IR II
County	1hnsta	Instrument Location	1 Lasta Co. Va.
Instrument Ser	rial No. <u>608810</u>	127 8.2	and Sinfa.
		Smith (	eld N.C.
The preventive four months as	· · · · · · · · · · · · · · · · · · ·	ntoximeters, Model Intox EC	/IR II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		pholic breath simulator thermometer show
2.	Verify instrument displays tim	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	•	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	d	
10.			expiration date, or the alcoholic breath ter 125 Alcoholic Breath Simulator tests,
	i iiio uuy oi		the forgoing preventive maintenance with current regulations of the N.C. properly.
OF RESTATE	ROOM CAROLINA	ature of Certifying Official	Constant Con
	Sign	ature of Certifying Official	Certificate Number

## JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008810 Test Date: 12/09/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: FARLEY, CYNTHIA D
Permit Number: 24123E
Effective:
11/01/2014-11/01/2016

Officer's Name: NONE, NONE Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG411202 Exp Date: 04/22/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	5:39pm 5:40pm 5:41pm
AIR BLK	.00	5:42pm
SUB TEST	.00	5:44pm
AIR BLK	.00	5:45pm
SUB TEST	.00	5:47pm
AIR BLK	.00	5:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007-

### JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008810 Test Record Number: 2095
Test Date: 12/09/2015 Test Time: 5:51pm EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	5:51pm 5:51pm
FC	Pass	5:51pm

## Temperature Tests

Test	Status	Time
FC1	Pass	5:52pm
SRC	Pass	5:52pm
DET	Pass	5:52pm
BAR	Pass	5:52pm
BT	Pass	5:52pm

#### Blank Tests

Test	Status	Time
AIR	Pass	5:52pm

### Printer Tests

Test	Status	Time
PRNT	Pass	5:52pm

### CRC Tests

Test	Status	Time
COMP	Pass	5:52pm
CAL	Pass	5:52pm

Preventive Maintenance Status: Pass

<u> Analyst</u>

This form is used when performing Preventive Maintenance procedures

Forensic Fests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC Instrument Location The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. Initiate breath test sequence; 3. Enter information as prompted; 4. 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. Print test record; 8. Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008846 Test Date: 12/09/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2014-11/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG526401 Exp Date: 09/21/2017

Test	g/210L	Time
DIAG	Pass	5:27pm
AIR BLK	.00	5:28pm
ACCY CHK	.08	5:28pm
AIR BLK	.00	5:30pm
SUB TEST	.00	5:31pm
AIR BLK	.00	5:32pm
SUB TEST	.00	5:35pm
ATR BLK	. 00	5:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst.

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008846 Test Record Number: 3794

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	5:37pm
FLO	Pass	5:37pm
FC	Pass	5:37pm

## Temperature Tests

Test	Status	Time
FC1	Pass	5:37pm
SRC	Pass	5:37pm
DET	Pass	5:37pm
BAR	Pass	5:37pm
BT	Pass	5:37pm

## Blank Tests

Test	Status	Time
AIR	Pass	5:38pm

## Printer Tests

Test	Status	Time
PRNT	Pass	5:38pm

## CRC Tests

Test	Status	Time
COMP	Pass	5:38pm
CAL	Pass	5:38pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II senson l'olice De Instrument Location The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

JOHNSTON COUNTY BENSON POLICE DEPT. 500

Serial Number: 008885 Test Date: 12/09/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2014-11/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG434201 Exp Date: 12/08/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:04am 10:05am 10:05am
AIR BLK	.00	10:06am
SUB TEST	.00	10:07am
AIR BLK	.00	10:08am
SUB TEST	.00	10:10am
AIR BLK	.00	10:11am

Reported AC: .00 g/210L

signature of Chemical Analys

Court CVR

**Analyst** 

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Hamping Sources

Department of Health and Human Services Rev. 12/2007

## JOHNSTON COUNTY BENSON POLICE DEPT. 500

Serial Number: 008885 Test Date: 12/09/2015 Test Record Number: 421 Test Time: 10:12am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:12am
FLO	Pass	10:12am
FC	Pass	10:13am

## Temperature Tests

Test	Status	Time
FC1	Pass	10:13am
SRC	Pass	10:13am
DET	Pass	10:13am
BAR	Pass	10:13am
BT	Pass	10:13am

### Blank Tests

Test Status Time

10:13am AIR Pass

### Printer Tests

Test Status Time

PRNT Pass 10:13am

CRC Tests

Time Test Status

COMP Pass 10:14am CAL Pass 10:14am

Preventive Maintenance Status: Pass

Analysi

This form is used when performing Preventive Maintenance procedures Forensic Tests for Alcohol Branch Department of Health-and-Human Services

Rev. 12/2007

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County L	Instrument Location Sandard 151.6
Instrument Se	erial No. 008867 255 E. Weatherspoo
. <u>'                                     </u>	Sanford No
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	on the
THE STATE OF THE S	CARO
Manage	Signature of Certifying Official Certificate Number
•	Signature of County-ing Official Continuate Number

#### LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867 Test Date: 12/02/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2014-11/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513103 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG	Pass	2:59pm
AIR BLK	.00	3:01pm
ACCY CHK	.07	3:01pm
AIR BLK	.00	3:02pm
SUB TEST	.00	3:03pm
AIR BLK	.00	3:04pm
SUB TEST	.00	3:05pm
ATR BLK	.00	3:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

## LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867 Test Date: 12/02/2015 Test

Test Record Number: 906
Test Time: 3:08pm EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:08pm 3:08pm
FC	Pass	3:09pm

### Temperature Tests

Test	Status	Time
FC1	Pass	3:09pm
SRC	Pass	3:09pm
DET	Pass	3:09pm
BAR	Pass	3:09pm
BT	Pass	3:09pm

### Blank Tests

Test	Status	Time
ΔTP	Pagg	3 · 0.9mm

## Printer Tests

Test	Status	Time
PRNT	Pass	3:09pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:09pm 3:09pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIME IERO, I		1
County VII	) i / Ins	trument Location Lendin	<u>(o. S.O.                                  </u>
Instrument Serie	INO. <u>1008639 13</u>	o Queen St., k	linshn, N.C.
The preventive four months are	naintenance procedures for the Intoxim	eters, Model Intox EC/IR II to be fo	llowed at least once every
1.	Verify the ethanol gas canister display 34 degrees, plus or minus .2 degree ce	s pressure, or the alcoholic breath sintigrade;	imulator thermometer show
2.	Verify instrument displays time and d	nte;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, co	llect breath sample;	
7.	When "PLEASE BLOW" appears, co	llect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is simulator solution is being changed exwhichever occurs first.	being changed before expiration date ery four months or after 125 Alcoho	e, or the alcoholic breath olic Breath Simulator tests,
I certify that on procedures were Department of I	the OK day of De Cern performed on the instrument indicated lealth and Human Services, and the inst	the forgoi above, in accordance with current re rument is functioning properly.	ng preventive maintenance gulations of the N.C.
OF THE STATE OF TH	OS: W. CAROUNA		
ESSE QUAM VIDEN	YULL		643
	J Signature of	f Certifying Official	Certificate Number

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639 Test Date: 12/28/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG434901 Exp Date: 12/15/2016

-- /0101

Test	g/210L	Time
DIAG	Pass	11:11am
AIR BLK	.00	11:12am
ACCY CHK	.07	11:12am
AIR BLK	.00	11:14am
SUB TEST	.00	11:14am
AIR BLK	.00	11:15am
SUB TEST	.00	11:16am
ATR BIK	. 00	11:17am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639 Test Record Number: 2699
Test Date: 12/28/2015 Test Time: 11:18am EST

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	11:19am
FLO	Pass	11:19am
FC	Pass	11:19am

# Temperature Tests

Test	Status	Time
FC1	Pass	11:19am
SRC	Pass	11:19am
DET	Pass	11:19am
BAR	Pass	11:19am
BT	Pass	11:19am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:19am

# Printer Tests

Test	Status	Time
PRNT	Pass	11:19am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:20am 11:20am

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Instrument Seria	1NO.008624 205 E. King St., K	lincton, NC
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be fo	llowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath s 34 degrees, plus or minus .2 degree centigrade;	imulator thermometer shows
2.	Verify instrument displays time and date;	•
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration dat simulator solution is being changed every four months or after 125 Alcohowhichever occurs first.	e, or the alcoholic breath olic Breath Simulator tests,
I certify that on t procedures were Department of H	the <u>J&amp; day of Dolevice</u> , 20 <u>15</u> the forgoi performed on the instrument indicated above, in accordance with current relealth and Human Services, and the instrument is functioning properly.	ng preventive maintenance gulations of the N.C.
STATE OF MAN TO SEE THE STATE OF MAN TO SEE THE STATE OF MAN TO SEE THE SEE TH	Signature of Certifying Official	Certificate Number

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624 Test Date: 12/28/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513103 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:34am 10:34am 10:35am
AIR BLK	.00	10:36am
SUB TEST AIR BLK	.00 .00	<b>10:37am</b> 10:38am
SUB TEST	.00	10:39am
AIR BLK	.00	10:40am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analysi

#### LENOIR COUNTY KINSTON PD 530

Serial Number: 008624

Test Record Number: 1510

Test Date: 12/28/2015

Test Time: 10:43am EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	10:44am
FLO	Pass	10:44am
FC	Pass	10:44am

### Temperature Tests

Test	Status	Time
FC1	Pass	10:44am
SRC	Pass	10:44am
DET	Pass	10:44am
BAR	Pass	10:44am
BT	Pass	10:44am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:45am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:45am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:45am 10:45am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

M	INTOXIMETERS, MODEL INTOX EC/IR II    ecklessurg
County 1	1 ECK 1 ENDUIG Instrument Location 11 10 11 11 11 11
Instrument Se	erial No. 008699 1201 Crews Rd. Matthews
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the 3 by day of ecember, 20 /5 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STAIL	

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

# MECKLENBURG COUNTY MATTHEWS PD 590

Serial Number: 008699

Test Record Number: 2369

Test Date: 12/31/2015

Test Time: 1:00pm EST

System Check: Passed

#### Baseline Tests

Test	<b>Sta</b> tus	Time
IR	<b>Pas</b> s	1:01pm
FLO	<b>Pas</b> s	1:01pm
FC	Pass	1:01pm

# Temperature Tests

Test	<b>Sta</b> tus	Time
FC1	Pass	1:01pm
SRC	<b>Pas</b> s	1:01pm
DET	<b>Pas</b> s	1:01pm
BAR	<b>Pas</b> s	1:01pm
BT	<b>Pas</b> s	1:01pm

#### Blank Tests

Test	<b>Sta</b> tus	Time
AIR	P <b>as</b> s	1:02pm

# Printer Tests

Test	<b>Sta</b> tus	Time
PRNT	<b>Pas</b> s	1:02pm

# CRC Tests

Test	<b>Sta</b> tus	Time
COMP	Pass	1:02pm
CAL	Pass	1:02pm

Preventive Maintenance Status: Pass

Analyst

# MECKLENBURG COUNTY MATTHEWS PD 590

Serial Number: 008699 Test Date: 12/31/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2014-01/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517501 Exp Date: 06/24/2017

Test	g/210L	Time
1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		
DIAG	Pass	1:05pm
AIR BLK	.00	1:05pm
ACCY CHK	.08	1:06pm
AIR BLK	.00	1:07pm
SUB TEST	.00	1:08pm
AIR BLK	.00	1:09pm
SUB TEST	.00	1:10pm
ATP BIK	00	1:11pm

Reported &C: .00 g/210L

Signature of Chemical

Ahalyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	MECKLENBURG Instrument Location BAT MOBILE 7
	00891.8
Instrument S	Serial No
The prevent four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
<b>1.</b> (1. (2. (2. (2. (2. (2. (2. (2. (2. (2. (2	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	t on the
Some STAN	
WATER GREAT	
All Division of the Control of the C	Signature of Certifying Official Certificate Number

#### MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008968 Test Date: 12/10/2015

Citation Number: M0000000-0 Subject's Name: NONE, NONE Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: INGLE, LARRY W
Permit Number: 7281E
Effective:
02/01/2014-02/01/2016

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG425303 Exp Date: 10/10/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	9:49pm 9:50pm 9:50pm 9:51pm 9:52pm 9:52pm 9:54pm
AIR BLK	00 مر	9:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CV

Analyst

# MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008968 Test Record Number: 127
Test Date: 12/10/2015 Test Time: 10:00pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:00pm 10:00pm
FC	Pass	10:00pm

# Temperature Tests

Status	Time
Pass	10:00pm
	Pass Pass Pass Pass

#### Blank Tests

Test	status	Time
AIR	Pass	10:01pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:01pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:01pm 10:01pm

Preventive Maintenance

Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Mecklenburg Instrument Location BAT MOBILE 7
Instrumen	t Serial No. <u>008968</u>
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every his are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	that on theday of
COREAL OR	Signature of Ceptifying Official  Certificate Number

#### MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008968 Test Date: 12/10/2015

Citation Number: M0000000-0 Subject's Name: NONE, NONE Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: INGLE, LARRY W Permit Number: 7281E Effective: 02/01/2014-02/01/2016

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> Lot Number: AG425303 Exp Date: 10/10/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	9:49pm 9:50pm 9:50pm 9:51pm
AIR BLK SUB TEST	.00	9:52pm
AIR BLK SUB TEST	.00 . <b>0,0</b>	9:52pm <b>9:54pm</b>
AIR BLK	,00	9:55pm

Reported

Signature of Chemigal Analyst

Court

**Analyst** 

#### MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008968 Test Record Number: 127
Test Date: 12/10/2015 Test Time: 10:00pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:00pm
FLO	Pass	10:00pm
FC	Pass	10:00pm

# Temperature Tests

Test	Status	Time
FC1	Pass	10:00pm
SRC	Pass	10:00pm
DET	Pass	10:00pm
BAR	Pass	10:00pm
BT	Pass	10:00pm

# Blank Tests

Test	Status	Time
AIR	Pass	10:01pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:01pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:01pm

Preventive Maintenance

Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOATMETERS, MODEL INTO INTO INTO
County_	Mecklesburg Instrument Location BAT MOBILE 7
Instrumer	t Serial No. <u>008969</u>
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	nat on the
COREAT SECTION	TATE OF NORTH AND THE PROPERTY OF THE PROPERTY
* 5.55 (	Signature of Certifying Official Certificate Number

# MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008969 Test Date: 12/10/2015

Citation Number: M0000000-0 Subject's Name: NONE, NONE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: INGLE, LARRY W
Permit Number: 7281E
Effective:
02/01/2014-02/01/2016

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG425303 Exp Date: 10/10/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	9:47pm 9:48pm 9:49pm 9:50pm 9:50pm 9:51pm
SUB TEST	.00	9:52pm
AIR BLK	<b>/</b> 00	9:53pm
	<i>I</i> :	// p =

Reported AC:

g/210I

Signature of Chemidal Analyst

court/cy/

Analyst

# MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008969

Test Record Number: 131

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:55pm
FLO	Pass	9:55pm
FC	Pass	9:55pm

### Temperature Tests

Test	Status	Time
FC1	Pass	9:55pm
SRC	Pass	9:55pm
DET	Pass	9:55pm
BAR	Pass	9:55pm
BT	Pass	9:55pm

# Blank Tests

Test	Status	Time
AIR	Pass	9:56pm

### Printer Tests

Test	Status	Time
PRNT	Pass	9:56pm

### CRC Tests

Test	Status	Time
COMP	Pass	9:56pm
CAL	Pass	9:56pm

Preventive Maintenance

Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Mecklenburg Instrument Location BAT MOBILE 7  t Serial No. 008969
Instrumen	t Serial No. 008969
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	nat on the 10th day of December, 2015 the forgoing preventive maintenance is were performed on the instrument indicated above, in accordance with current regulations of the N.C. in the of Health and Human Services, and the instrument is functioning properly.
COREAT STATES	ATE on No. 1775  12. 1775  ANY VIEW AND AND ANY VIEW AND

MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008969 Test Date: 12/10/2015

Citation Number: M0000000-0 Subject's Name: NONE, NONE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: INGLE, LARRY W

Permit Number: 7281E

Effective:

02/01/2014-02/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG425303 Exp Date: 10/10/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00 .00	9:47pm 9:48pm 9:49pm 9:50pm 9:50pm 9:51pm 9:52pm 9:53pm

Reported AC:

ø g/2∕10I

Signature of Chemical Analyst

Count CVR

Analyst

#### MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008969 Test Record Number: 131 Test Date: 12/10/2015 Test Time: 9:55pm EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	9:55pm
FLO FC	Pass	9:55pm
FC	Pass	9:55pm

# Temperature Tests

Test	Status	Time
FC1	Pass	9:55pm
SRC	Pass	9:55pm
DET	Pass	9:55pm
BAR	Pass	9:55pm
BT	Pass	9:55pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:56pm

# Printer Tests

Test	Status	Time
PRNT	Pass	9:56pm
	CRC Tests	•
Test	Status	Time
COMP CAL	Pass Pass	9:56pm 9:56pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County_	WECKLENBURG Instrument Location SAF WOBILE
Instrume	nt Serial No. <u>008972</u>
The prev	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once evenths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sl 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first.
nrocedur	hat on the
Departm	ent of Health and Human Services, and the instrument is functioning properly.
- TS	
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OR EAL	
* 155E	120 TO STATE OF THE STATE OF TH
	Signature of Certifying Official Certificate Number

# MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008972 Test Date: 12/10/2015

Citation Number: M0000000-0 Subject's Name: NONE, NONE Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: INGLE, LARRY W Permit Number: 7281E Effective: 02/01/2014-02/01/2016

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> Lot Number: AG425303 Exp Date: 10/10/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	9:50pm 9:51pm 9:52pm
AIR BLK	.00	9:52pm
SUB TEST	.00	9:53pm
AIR BLK	.00	9:54pm
SUB TEST	.00	9:55pm
AIR BLK	.90	9:56pm

Reported

Signature of Chemical Analyst

Analyst

# MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008972 Test Record Number: 166
Test Date: 12/10/2015 Test Time: 9:59pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:59pm
FLO	Pass	9:59pm
FC	Pass	10:00pm

# Temperature Tests

Test	Status	Time
FC1	Pass	10:00pm
SRC	Pass	10:00pm
DET	Pass	10:00pm
BAR	Pass	10:00pm
$\mathtt{BT}$	Pass	10:00pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:00pm

#### Printer Tests

rest	Status	Time
PRNT	Pass	10:00pm
	CRC Tests	

Test	Status	Time
COMP	Pass	10:00pm
CAL	Pass	10:00pm

Preventive Maintenance

Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County M	eckles Burg Instrument Location BAT MOBILE
Instrument Seri	al No. 608972
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 1075 day of 1000 day of 10
THE STATE OF THE S	Signature of Certifying Official Certificate Number

### MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008972 Test Date: 12/10/2015

Citation Number: M0000000-0

Subject's Name: NONE, NONE Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: INGLE, LARRY W Permit Number: 7281E Effective: 02/01/2014-02/01/2016

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> Lot Number: AG425303 Exp Date: 10/10/2016

Test	g/210L	Time
DIAG AIR BLK	Pass	9:50pm 9:51pm
ACCY CHK	.07	9:52pm
AIR BLK	.00	9:52pm
SUB TEST	.00	9:53pm
AIR BLK	.00	9:54pm
SUB TEST	.00	9:55pm
AIR BLK	.00	9:56pm

Reported AC:

Chemical ∕Aµhalyst Signature of

Court CV

Analyst

### MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008972 Test Record Number: 166
Test Date: 12/10/2015 Test Time: 9:59pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:59pm
FLO	Pass	9:59pm
FC	Pass	10:00pm

# Temperature Tests

Test	Status	Time
FC1	Pass	10:00pm
SRC	Pass	10:00pm
$\operatorname{DET}$	Pass	10:00pm
BAR	Pass	10:00pm
BT	Pass	10:00pm

# Blank Tests

Test	Status	Time
ATR	Pass	10:00pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:00pm
	CRC Tests	

Test	Status	Time
COMP	Pass	10:00pm
CAL	Pass	10:00pm

Preventive Maintenance Status:/Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Min	INTOXIMETER	Instrument Location_	بسمين	Pine PD
, ,	al No. <u>100872-6</u>		Spine	Pine NC
The preventive four months ar			4 - 4	•
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	isplays pressure, or the a	alcoholic breath s	imulator thermometer sh
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appear	ars, collect breath sampl	e;	·
7.	When "PLEASE BLOW" appe	ars, collect breath sample	e;	·
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ster is being changed bei ged every four months o	fore expiration da or after 125 Alcol	ate, or the alcoholic breat holic Breath Simulator to
	on the <u>28</u> day of <u>Dec</u> ere performed on the instrument ind f Health and Human Services, and t			oing preventive mainten regulations of the N.C.
STATE OF STA	8 A CORNELLING			
A FEET QUAM V	MAT A STATE OF THE		And the same of th	649
	Sign	nature of Certifying Offi	cial	Certificate Number

MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726 Test Date: 12/28/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG434901 Exp Date: 12/15/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	2:19pm 2:19pm 2:20pm
AIR BLK	.00	2:21pm
SUB TEST	.00	2:22pm
AIR BLK	.00	2:22pm
SUB TEST	.00	2:24pm
AIR BLK	.00	2:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726

Test Record Number: 802

Test Date: 12/28/2015

Test Time: 2:26pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:26pm
FLO	Pass	2:26pm
FC	Pass	2:26pm

# Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	2:26pm 2:26pm 2:26pm 2:26pm
BT	Pass	2:26pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:27pm

#### Printer Tests

Test	Status	TIME
PRNT	Pass	2:27pm
	CRC Tests	

Timo

Test	Status	Time
COMP	Pass	2:27pm
CAL	Pass	2:27pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Ash Co. Instru	ment Location NAG hv.	Te P.D.
Instrument Seria	, and a second of	5. BARNES ST	
The preventive n four months are:	naintenance procedures for the Intoximeter	s, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister displays por 34 degrees, plus or minus .2 degree centig	essure, or the alcoholic breath grade;	simulator thermometer show
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		•
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect	t breath sample;	
7.	When "PLEASE BLOW" appears, collect	t breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being simulator solution is being changed every whichever occurs first.	g changed before expiration da four months or after 125 Alcoh	te, or the alcoholic breath nolic Breath Simulator tests,
I certify that on t procedures were Department of H	heday of	ve, in accordance with current t	oing preventive maintenance regulations of the N.C.
THE STATE OF NO. 1775 N. 1775	Signature of C	ertifying Official	Certificate Number

NASH COUNTY NASHVILLE PD 630

Serial Number: 008630 Test Date: 12/09/2015

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1944

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM Permit Number: 7682E Effective: 02/01/2014-02/01/2016

> Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> > Lot Number: AG434201 Exp Date: 12/08/2016

Test	g/210L	Time
DIAG	Pass	11:37am
AIR BLK	.00	11:38am
ACCY CHK	.08	11:39am
AIR BLK	.00	11:40am
SUB TEST	.00	11:41am
AIR BLK	.00	11:42am
SUB TEST	.00	11:44am
AIR BLK	.00	11:44am

/08 g/2101/

Signature of Chemical Analyst

Court CVR

Analyst

# NASH COUNTY NASHWILLE PD 630

Serial Number: 008630 | Test Record Number: 3492 Test Date: 12/09/2015 | Test Time: 11:46am EST

System Check Passed

#### Baseline Tests

Test	. ∤ ; Status	Time
IR	Pass	11:46am
FLO	Pass	11:46am
FC	Pass	11:46am

#### Temperature Tests

Test	Status	wilme
FC1	Pass	11:46am
SRC	Pass	11:46am
DET	Pass	11:46am
BAR	Pass	#1:46am
$\mathtt{BT}$	Pass	111:46am
	左行 萨 格斯自動機團	A DECEMBER OF THE PARTY OF THE

# Blank Tests

Test	tatus	Time
------	-------	------

AIR Pass 11:47am

#### Printer Tests

rest	Stat	US:	###1##Time	
	Scar		1 Lme	

PRNT Fass 11:47am

CRC Tests

Test Status Time

COMP Pass 11:47am CAL Pass 11:47am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County	Mash Co., Instrument Location Rocky Mount PD.
Instrument S	Serial No. 008740 # 1 Conference Plaza Rocky Mburt
The prevent	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures Department	t on the
STA COREAN SEA	E O NO PARA DE LA PARA
AFRIL 12.	Signature of Certifying Official Certificate Number

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740 Test Date: 12/09/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2014-02/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG409709 Exp Date: 04/07/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:46am 10:47am 10:47am 10:49am
AIR BLK SUB TEST	.00 .00	10:49am
AIR BLK	.00	10:50am
SUB TEST	.00	10:52am
AIR BLK	.00	10:53am

Reported AC/

Chemical Analyst Signature of

Court CVR

# NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740

Test Record Number: 543

Test Date: 12/09/2015

Test Time: 10:56am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:57am
FLO	Pass	10:57am
FC	Pass	10:57am

# Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	10:57am 10:57am
$\mathtt{DET}$	Pass	10:57am
BAR	Pass	10:57am
BT	Pass	10:57am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:58am

### Printer Tests

Test	Status	Time
ייזאסם	Dagg	10.58am

# CRC Tests

Test	Status	Time
COMP	Pass	10:58am
CAL	Pass	10:58am

Preventive Maintenance Status: Pass

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Mash Co.	Instrument Location Kark	y Mount P.D
Instrumen	t Serial No. <u>008741</u>	# 1 Coversiment P	LAZA Rocky Mount
e de la companya del companya de la companya del companya de la co			
The preve		e Intoximeters, Model Intox EC/IR I	I to be followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ter displays pressure, or the alcoholic degree centigrade;	c breath simulator thermometer show
2.	Verify instrument displays t	ime and date;	
3.	Initiate breath test sequence	;	•
4.	Enter information as prompt	ted;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" a	ppears, collect breath sample;	
7.	When "PLEASE BLOW" a	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.	Verify that the ethanol gas c simulator solution is being c whichever occurs first.	canister is being changed before expire changed every four months or after 12	ration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
procedures	s were performed on the instrument	indicated above, in accordance with the instrument is functioning prop	current regulations of the N.C.
LES HELD SEED OF THE CREATER AND THE CREATER A	ATE OF NORTH CANONIA AN YOUR AM YOUR A	11	654

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741 Test Date: 12/09/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C
Permit Number: 7682E
Effective:
02/01/2014-02/01/2016

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

Lot Number: AG335201 Exp Date: 12/18/2015

Test	g/210L	Time
DIAG	Pass	10:44am
AIR BLK	.00	10:45am
ACCY CHK	.07	10:46am
AIR BLK	.00	10:47am
SUB TEST	.00	10:48am
AIR BLK	.00	10:49am
SUB TEST	.00	10:50am
AIR BLK	.00	10:51am

Reported AC:

7,90 g/210L/

Signature of Chemical Analyst

Court CVR

Analyst

#### NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741

Test Record Number: 1811

Test Date: 12/09/2015

Test Time: 10:53am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:53am
FLO	Pass	10:53am
FC	Pass	10:53am

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:53am 10:53am 10:53am 10:53am 10:53am
	2 012 2	

#### Blank Tests

Test	Status	Time
AIŔ	Pass	10:54am

### Printer Tests

Test	Status	Time
	•	
דואסס	Pagg	10.54am

#### CRC Tests

Test	Status	Time
COMP	Pass	10:54am
CAL	Pass	10:54am

Preventive Maintenance

Status: Pass

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Canata	DNSLOW	Instrument Location MCAS	New River AME
County	0 70 0 74 0 0	Instrument Location	7710011100110771
Instrumen	t Serial No. <u>00 8919</u>		
The prever		ne Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ster displays pressure, or the alcoholic bre 2 degree centigrade;	ath simulator thermometer show
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequence	;	
4.	Enter information as promp	ted;	
5.	Verify instrument accuracy;	; ;	
6.	When "PLEASE BLOW" a	appears, collect breath sample;	
7.	When "PLEASE BLOW" a	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.		anister is being changed before expiration than ged every four months or after 125 A	
certify tha procedures Department	at on the day of were performed on the instrument t of Health and Human Services, an	econ bek, 20/5 the foindicated above, in accordance with currend the instrument is functioning properly.	orgoing preventive maintenance ont regulations of the N.C.
STA COREY TO STATE OF THE STATE		ignature of Certifying Official	SSY Certificate Number

ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008919 Test Date: 12/09/2015

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HALL, RANDY E
Permit Number: 3462E
Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG507902 Exp Date: 03/20/2017

Test	g/210L	Time
DIAG	Pass	12:47pm
AIR BLK	0.0	12:48pm
ACCY CHK	.08	12:48pm
AIR BLK	.00	12:50pm
SUB TEST	.00	12:50pm
AIR BLK	.00	12:51pm
SUB TEST	.00	12:52pm
AIR BLK	.00	12:53pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008919 Test Record Number: 501 Test Date: 12/09/2015 Test Time: 12:54pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:54pm
FLO	Pass	12:54pm
FC	Pass	12:54pm

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	12:55pm 12:55pm
DET	Pass	12:55pm
BAR	Pass	12:55pm
BT	Pass	12:55pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:55pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:55pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:55pm 12:55pm

Preventive Maintenance Status: Pass

Rand E-Half
Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 2	MSLOW	Instrument Location CAMP	iejeune Amo
Instrument S	erial No. <u>008920</u>		
The preventi four months		ntoximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic brea gree centigrade;	th simulator thermometer show
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ears, collect breath sample;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	i	
10.	Verify that the ethanol gas cani- simulator solution is being char whichever occurs first.	ster is being changed before expiration aged every four months or after 125 Al	date, or the alcoholic breath coholic Breath Simulator tests,
I certify that procedures w Department	ere performed on the instrument ind	combec, 20/5 the folicated above, in accordance with curre the instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
- contin			
STATISTATION OF THE STATIS	ON OF THE SECOND		
TARRE QUANT	Par Car	elf E Hall	354
	Sign	ature of Certifying Official	Certificate/Number

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920 Test Date: 12/09/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HALL, RANDY E

Permit Number: 3462E

Effective:

. 08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG507902 Exp Date: 03/20/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	10:39am 10:40am 10:41am 10:41am <b>10:42am</b> 10:44am
SUB TEST	.00	10:44am
AIR BLK	.00	10:46am

Reported AC: 100 g/210L

Signature of Chemical Analyst

Court CVR

Karl E-Half
Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ONSLOW Instr	ument Location_JA	cksonville Al
Instrument	Serial No. <u>80 8930</u>		
The preven	tive maintenance procedures for the Intoximete	rs, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas canister displays p 34 degrees, plus or minus .2 degree centi	ressure, or the alcoholic grade;	breath simulator thermometer show
2.	Verify instrument displays time and date	;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;	·	
6.	When "PLEASE BLOW" appears, collec	t breath sample;	
7.	When "PLEASE BLOW" appears, collec	<del>-</del>	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being simulator solution is being changed every whichever occurs first.	changed before expirati four months or after 125	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that o procedures we Department of	n theday ofday ofdependence on the instrument indicated above. Health and Human Services, and the instrument	the j in accordance with curnit is functioning properly	forgoing preventive maintenance rent regulations of the N.C.
STATE OF THE STATE	Caray E-	Hall	
	Signature of Cert	fying Official	Certificate Number

#### ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008930 Test Date: 12/09/2015

Citation Number: M000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HALL, RANDY E
Permit Number: 3462E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG404101 Exp Date: 02/10/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:21am 11:22am 11:22am
AIR BLK	.00	11:23am
SUB TEST	.00	11:24am
AIR BLK	00	11:25am
SUB TEST	.00	11:26am
AIR BLK	.00	11:27am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008930 Test Record Number: 2016 Test Date: 12/09/2015 Test Time: 11:28am EST

System Check: Passed

#### Baseline Tests

Test	Stati	ıs Time
IR	Pass	11:28am
FLO	Pass	11:28am
FC	Pass	11:28am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:28am
SRC	Pass	11:28am
DET	Pass	11:28am
BAR	Pass	11:28am
$\mathtt{BT}$	Pass	11:28am

#### Blank Tests

Test	Status	Time		
AIR	Pass	11:29am		

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:29am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:29am 11:29am

Preventive Maintenance Status: Pass

Rand E-Half
Analysi

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 0	lustow	Instrument Location ONSL	ow County
Instrument S	erial No. <u>00 8931</u>	SHERIFF'S OFFI	ce
The prevention four months a		toximeters, Model Intox EC/IR II to b	pe followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	displays pressure, or the alcoholic breagree centigrade;	ath simulator thermometer show
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	ars, collect breath sample;	•.
7.	When "PLEASE BLOW" appear	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		ter is being changed before expiration ged every four months or after 125 Al	
	ere performed on the instrument indi-	the fo cated above, in accordance with current ie instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
THE STATE OF THE S	NO.		
PART IZ. ETC.		eg E Holl	354
	Signa	ture of Certifying Official	Certificate Number

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008931 Test Date: 12/09/2015

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HALL, RANDY E
Permit Number: 3462E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG414801 Exp Date: 05/28/2016

Test	g/210L	Time
DIAG AIR BLK	Pass	12:03pm 12:04pm
ACCY CHK	.08	12:04pm
AIR BLK	.00	12:06pm
SUB TEST	.00	12:06pm
AIR BLK	.00	12:07pm
SUB TEST	.00	12:08pm
ATR BLK	.00	12:09pm

Reported AC: /.00 g/210L

Signature of Chemical Analyst

Court CVR

Rank E Half
Analyst

#### ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008931 Test Record Number: 2366 Test Date: 12/09/2015 Test Time: 12:10pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:10pm
FLO	Pass	12:10pm
FC	Pass	12:10pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:10pm
SRC	Pass	12:10pm
DET	Pass	12:10pm
BAR	Pass	12:10pm
BT	Pass	12:10pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:11pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:11pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:11pm 12:11pm

Preventive Maintenance Status: Pass

Rand E-Half Analysi

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

INTOXIMETERS, MODEL INTOX EC/IR II			
County_OA		Instrument Location DNS LOW	
Instrument Se	rial No. <u>008932</u>	SHERIFFS OFFICE	
The preventiv	re:	intoximeters, Model Intox EC/IR II to be fo	
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath segree centigrade;	imulator thermometer shows
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;	·	
4.	Enter information as prompted	<b>1;</b>	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a		
10.	simulator solution is being ch whichever occurs first.	nister is being changed before expiration data anged every four months or after 125 Alco	nono Dicam Simulation,
I certify that procedures v Department	on the day of were performed on the instrument in of Health and Human Services, and	conder, 20/5 the forg ndicated above, in accordance with current d the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
STAT STATE OF THE	* ( ) ( )	ignature of Certifying Official	357 Certificate Number

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008932 Test Date: 12/09/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HALL, RANDY E

Permit Number: 3462E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513102 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	11:51am 11:51am 11:52am 11:53am 11:54am
SUB TEST	.00	11:56am
AIR BLK	.00	11:57am

Reported AC: ,.00 g/210L

Signature of Chemical Analyst

Court CVR

Rand E-Half Analyst

#### ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008932 Test Record Number: 3323 Test Date: 12/09/2015 Test Time: 11:57am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:58am
FLO	Pass	11:58am
FC	Pass	11:58am

#### Temperature Tests

Test Status	Time
FC1 Pass	11:58am
SRC Pass	11:58am
DET Pass	11:58am
BAR Pass	11:58am
BT Pass	11:58am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:58am

#### Printer Tests

Test

COMP

CAL

Status

Time

11:59am

11:59am

PRNT	Pass	11:58am
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

Rand E Half

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County O	2ANGE Instrument Location HILLSBOROUGH PD
Instrument Seri	al No. 008799 127 N. CHURTUN ST. HILLSBOROUGH,
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
STATE OF STA	Signature of Cortificial Cortificate Number

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799 Test Date: 12/11/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D Permit Number: 8937E Effective: 08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG507902 Exp Date: 03/20/2017

Test	g/2101	TIME
DIAG	Pass	1:53pm
AIR BLK	.00	1:54pm
ACCY CHK	.08	1:55pm
AIR BLK	00	1:56pm
SUB TEST	.00	1:56pm
AIR BLK	.00.	1:5 <b>7pm</b>
SUB TEST	.00	1:59pm
AIR BLK	.00	2:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Bus D Smith

### ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799 Test Date: 12/11/2015 Test Record Number: 2026
Test Time: 2:02pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:02pm
FLO	Pass	2:02pm
FC	Pass	2:02pm

#### Temperature Tests

	m
FC1 Pass 2:02p	
SRC Pass 2:02p	
DET Pass 2:02p	
BAR Pass 2:02p	
BT Pass 2:02p	m

#### Blank Tests

Test	Status	Time
AIR	Pass	2:03pm

#### Printer Tests

Test	Status	TIME
PRNT	Pass	2:03pm
	CRC Tests	
Test	Status	Time

Test	Status	Time
COMP	Pass	2:03pm
CAL	Pass	2:03pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County OR.	ANGE Instrument Location CHAPEL HILL PD		
Instrument Seria	OO8839 828 MARTIN LUTHER KING, JR BLVI CHAPEL HILL, NC		
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
procedures were	theday of		
THE STATE OF A STATE O	ORING CAROL		
* ESSE QUANTY YOUN *	Signature of Certifying Official Certificate Number		

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839 Test Date: 12/11/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG507902 Exp Date: 03/20/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	12:44pm 12:45pm 12:46pm 12:47pm 12:48pm 12:49pm
SUB TEST	.00	12:50pm
ATR BLK	.00	12:51pm

Repersted AC: ..00, g/210L

Signature of Chemical Analyst

Court CVR

Analyst

/Sus D

#### ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839

Test Record Number: 1419

Test Date: 12/11/2015

Test Time: 1:03pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:03pm 1:03pm
FC	Pass	1:03pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:04pm
SRC	Pass	1:04pm
DET	Pass	1:04pm 1:04pm
BAR BT	Pass Pass	1:04pm
BI	Pass	T:0450

#### Blank Tests

Test	Status	Time
AIR	Pass	1:04pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:04pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:05pm

Pass Preventive Maintenance Status: Pass

CAL

1:05pm

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County O	RANGE Instrument Location CHAPEL HILL PD
Instrument Ser	ial No. 008856 828 MARTIN LUTHER KING, JR BEND CHAPEL HILL, NC
· · · · · · · · · · · · · · · · · · ·	CHAPEL HILL, NC
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	the
OFFICE STATE OF THE STATE OF TH	Luc 1 Smoth 637

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856 Test Date: 12/11/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2015-08/01/2017.

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG507902 Exp Date: 03/20/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	12:39pm 12:40pm 12:41pm
AIR BLK	.00	12:42pm
SUB TEST	.00	12:43pm
AIR BLK	.00	12:44pm
SUB TEST	.00	12:45pm
ATR BLK	.00	12:46pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856 Test Date: 12/11/2015 Test Record Number: 1857 Test Time: 12:50pm EST

System Check: Passed

### Baseline Tests

Test	Status	Time
\$c		
IR,	Pass	12:51pm
FLO	Pass	12:51pm
FC	Pass	12:51.pm

#### Temperature Tests

Status	Time
Pass	12:51pm
	Pass Pass Pass Pass

#### Blank Tests

Test Status Time

AIR Pass 12:52pm

#### Printer Tests

Test Status Time

PRNT Pass 12:52pm

CRC Tests

Test Status Time

COMP Pass 12:52pm CAL Pass 12:52pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

griffing.	INTOXIMETERS, MODEL INTOXICATION
County Pol	quimans Instrument Location Perquimans Co. S. O.
Instrument Se	rial No. 008921 IDN. Church St., Hertford, MC.
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	NA 3
I certify that o procedures we Department of	n the day of levels, 20 15 the forgoing preventive maintenance are performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OF THE STATE OF TH	Signature of Certifying Official  Certificate Number

#### PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921 Test Date: 12/02/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513101 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:33am 10:33am 10:34am
ACCI CHR	.00	10:35am
SUB TEST	.00	10:36am
AIR BLK	.00	10:37am
SUB TEST	.00	10:38am
AIR BLK	.00	10:39am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921 Test Record Number: 593 Test Date: 12/02/2015 Test Time: 10:40am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:40am
FLO	Pass	10:40am
FC	Pass	10:40am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:41am
SRC	Pass	10:41am
DET	Pass	10:41am
BAR	Pass	10:41am
BT	Pass	10:41am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:41am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:41am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:41am 10:41am

Preventive Maintenance Status: Pass

Anàiyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX ECAR II
County De	Instrument Location Bat Mabie Unital
Instrument Se	rial No. 10809D Box Sbox DPD
	DOWN Weeks Colleged at least owns over
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the day of complete day, 20 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
O'THE STATE O'THE	

BAT MOBILE UNIT 2 PERSON COUNTY 720

Serial Number: 008090 Test Date: 12/19/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911

Subject's Sex: Female
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B
Permit Number: 13651E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG526401 Exp Date: 09/21/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:28pm 10:29pm 10:29pm
AIR BLK	.00	10:30pm
SUB TEST	.00	10:32pm
AIR BLK	.00	10:33pm
SUB TEST	.00	10:35pm
AIR BLK	.00	10:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Jonya Bokm Analyst

#### BAT MOBILE UNIT 2 PERSON COUNTY 720

Serial Number: 008090 Test Date: 12/19/2015 Test Record Number: 30 Test Time: 10:40pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:41pm
FLO	Pass	10:41pm
FC	Pass	10:41pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:41pm
SRC	Pass	10:41pm
$\mathtt{DET}$	Pass	10:41pm
BAR	Pass	10:41pm
BT	Pass	10:41pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:42pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:42pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:42pm

10:42pm

Preventive Maintenance Status: Pass

Pass

CAL

Donya B Skynni Analysi

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Instrument Location PERSON CO. LEC  Instrument Serial No. 008693 120 Court St. Rox Boro, No  The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once of four months are:  1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 34 degrees, plus or minus .2 degree centigrade;	
four months are:  1 Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer	; ;
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermomete 34 degrees, plus or minus .2 degree centigrade;	very
	show
2. Verify instrument displays time and date;	
3. Initiate breath test sequence;	
4. Enter information as prompted;	
5. Verify instrument accuracy;	
6. When "PLEASE BLOW" appears, collect breath sample;	
7. When "PLEASE BLOW" appears, collect breath sample;	
8. Print test record;	
9. Verify Diagnostic Program; and	
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic br simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	eath tests,
I certify that on the	nance
THE STATE OF THE S	
Signature of Certifying Official Certificate Number	er

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693 Test Date: 12/11/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517402 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG	Pass	3:27pm
AIR BLK	.00	3:28pm
ACCY CHK	.07	3:28pm
AIR BLK	00	3:29pm
SUB TEST	.00	3:30pm
AIR BLK	.00	3:31pm
SUB TEST	.00	3:32pm
AIR BLK	.00	3:33pm

Reported AC: .00, g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693

Test Record Number: 1200

Test Date: 12/11/2015

Test Time: 3:37pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:37pm 3:37pm
FC	Pass	3:37pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	3:37pm 3:37pm 3:37pm 3:37pm 3:37pm

#### Blank Tests

Test	Status	Time	
ΔTR	Pass	3:38pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:38pm
	CRC Tests	

Test	Status	Time	
COMP	Pass	3:38pm	
CAL	Pass	3:38pm	

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Pe	ERSON	_ Instrument Location;	PERSON CO.	LEC_
Instrument Se	rial No. <u>008880</u>	120 COURT ST.	ROXBORD, N	<u>C</u>
The preventive four months as	e maintenance procedures for the	Intoximeters, Model Intox E	C/IR II to be followed at	least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the ald legree centigrade;	coholic breath simulator	thermometer shows
2.	Verify instrument displays tin	ne and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompte	d;		
:5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" ap	pears, collect breath sample;		
7.	When "PLEASE BLOW" ap	pears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; a	nd		
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nister is being changed befor anged every four months or	e expiration date, or the after 125 Alcoholic Brea	alcoholic breath th Simulator tests,
procedures we	on theday of ere performed on the instrument in if Health and Human Services, and	ndicated above, in accordance	e with current regulation	ntive maintenance s of the N.C.
ALL STATES AND STATES OF THE S			lo	37
	Si	gnature of Certifying Officia	<del></del>	ficate Number

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880 Test Date: 12/11/2015

Citation Number: M00000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513102 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG	Pass	3:59pm 3:59pm
AIR BLK ACCY CHK	.00	4:00pm
AIR BLK	.00	4:01pm
SUB TEST	.00	4:02pm
AIR BLK	.00	4:03pm
SUB TEST	.00	4:04pm
AIR BLK	.00	4:05pm

100 g/210LReported AC:

Signature of Chemical Analyst

Court CVR

## PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880

Test Record Number: 904

Test Date: 12/11/2015

Test Time: 4:06pm EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	4:07pm
FLO	Pass	4:07pm
FC	Pass	4:07pm

#### Temperature Tests

FC1 Pass 4:07p	
SRC Pass 4:07p	mc
DET Pass 4:07p	mc
BAR Pass 4:07p	m
BT Pass 4:07p	m

#### Blank Tests

Test	Status	Time
AIR	Pass	4:08pm

### Printer Tests

Test	Status	Time
PRNT	Pass	4:08pm
	CRC Tests	
Test	Status	Time

COMP Pass 4:08pm CAL Pass 4:08pm

Preventive Maintenance Status: Pass

Anglyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County P	Instrument Location	Applen P.D.
	rial No. 008666 4144 Wast A	ve., Ayden. N.C.
The preventiv	re maintenance procedures for the Intoximeters, Model Intox E	C/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the al 34 degrees, plus or minus .2 degree centigrade;	coholic breath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	•
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed befor simulator solution is being changed every four months or whichever occurs first.	e expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
I certify that of procedures we Department of	on the	e with cultetti regulations of the 14.C.
AND SET OF STATE OF S	Zay M	643
•	Signature of Certifying Officia	Certificate Number

PITT AYDEN PD 730

Serial Number: 008666 Test Date: 12/17/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	11:26am 11:27am
ACCY CHK	.08	11:27am
AIR BLK	.00	11:28am
SUB TEST	.00	11:29am
AIR BLK	.00	11:29am
SUB TEST	.00	11:31am
AIR BLK	.00	11:32am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### PITT AYDEN PD 730

Serial Number: 008666 Test Record Number: 860 Test Date: 12/17/2015 Test Time: 11:33am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:34am
FLO	Pass	11:34am
FC	Pass	11:34am

### Temperature Tests

Test	Status	Time
FC1	Pass	11:34am
SRC	Pass	11:34am
DET	Pass	11:34am
BAR	Pass	11:34am
BT	Pass	11:34am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:34am

#### Printer Tests

CAL

Test	Status	Time
PRNT	Pass	11:34am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:35am

11:35am

Preventive Maintenance Status: Pass

Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County $\widehat{\mathcal{F}}$	Instrument Location Polk County SD
Instrument Se	erial No. 008832 46 Ward St. Columbus
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
procedures w	on the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

## POLK COUNTY POLK COUNTY SD 740

Serial Number: 008832

Test Record Number: 1271

Test Date: 12/28/2015

Test Time: 2:36pm EST

Street March

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:36pm 2:36pm
FC	Pass	2:36pm

### Temperature Tests

Test	Status	Time
FC1	Pass	2:36pm
SRC	Pass	2:36pm
DET	Pass	2:36pm
BAR	Pass	2:36pm
BT	Pass	2:36pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:37pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:37pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:37pm
CAL	Pass	2:37pm

Preventive Maintenance Status: Pass

**\nalvs** 

POLK COUNTY POLK COUNTY SD 740

Serial Number: 008832 Test Date: 12/28/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2014-01/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG434201 Exp Date: 12/08/2016

Test		g/210L	Time
DIAG AIR I ACCY AIR I SUB I	BLK CHK BLK <b>FEST</b>	Pass .00 .07 .00 .00	2:39pm 2:40pm 2:40pm 2:42pm 2:43pm 2:44pm 2:45pm
AIR E		.00	2:46pm

Reported AC: .00 g/210L

Signature of Chemidal Analyst

Court CVR

Analys

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX, EC/IR II Instrument Location The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. Print test record; 9. Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.



Signature of Certifying Official

Certificate Number

#### RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791 Test Date: 12/15/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG507902 Exp Date: 03/20/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	4:07pm 4:08pm 4:09pm
AIR BLK	.00	4:10pm
SUB TEST	.00	4:11pm
AIR BLK	.00	4:12pm
SUB TEST	.00	4:14pm
AIR BLK	.00	4:15pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

#### RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791

Test Record Number: 1094 Test Date: 12/15/2015 Test Time: 4:16pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:16pm
FLO	Pass	4:16pm
FC	Pass	4:16pm

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	4:16pm 4:16pm
DET	Pass	4:16pm
BAR	Pass	4:16pm
$\mathtt{BT}$	Pass	4:16pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:17pm

## Printer Tests

Test	Status	Time
PRNT	Pass	4:17pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:17pm 4:17pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

,	
County	ANDAPI Instrument Location / ANDOLA & JAIL
Instrument Se	rial No. <u>008860</u> Asheboro NC
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
<b>2.</b> %	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department of	on the <u>30</u> day of <u>DECEMBER</u> , 20 <u>15</u> the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. If Health and Human Services, and the instrument is functioning properly.
STATE CONTROL STATE OF THE STAT	Correction of the second secon

RANDOLPH COUNTY RANDOLPH COUNTY JAIL
750

Serial Number: 008860 Test Date: 12/30/2015

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H
Permit Number: 6108E
Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG517402 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG	Pass	1:25pm
AIR BLK	.00	1:26pm
ACCY CHK	.08	1:26pm
AIR BLK	. 0.0	1:27pm
SUB TEST	.00	1:28pm
AIR BLK	.00	1:29pm
SUB TEST	.00	1:30pm
AIR BLK	.00	1:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## RANDOLPH COUNTY RANDOLPH COUNTY JAIL 750

Serial Number: 008860

Test Record Number: 2354

Test Date: 12/30/2015

Test Time: 1:37pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:37pm
FLO	Pass	1:37pm
FC	Pass	1:37pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass	1:37pm 1:37pm 1:37pm 1:37pm
BT	Pass	1:37pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:38pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:38pm

#### CRC Tests

Test	Status	Time
COMP	Pass	1:38pm
CAL	Pass	1:38pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

,	INTOXIMETERS, MODEL INTOX EC/IR II
County/	SANDARY Instrument Location RANDOLAY Co. JAIL
Instrument Ser	ial No. 008899- Ashehoro NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the <u>So</u> day of <u>DECE/MRER</u> , 20 <u>/5</u> the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF STATE OF THE STATE OF	Signature of Certifying Official Certificate Number

RANDOLPH COUNTY RANDOLPH CO. JAIL 750

Serial Number: 008899 Test Date: 12/30/2015

Citation Number: M000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H
Permit Number: 6108E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG526401 Exp Date: 09/21/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07 .00	1:18pm 1:19pm 1:19pm 1:20pm
SUB TEST	.00	1:21pm
AIR BLK	.00	1:22pm
SUB TEST	.00	1:23pm
AIR BLK	.00	1:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### RANDOLPH COUNTY RANDOLPH CO. JAIL 750

Serial Number: 008899

Test Record Number: 2246

Test Date: 12/30/2015 Test Time: 1.27pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:27pm
FLO	Pass	1:27pm
FC	Pass	1:27pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:27pm
SRC	Pass	1:27pm
DET	Pass	1:27pm
BAR	Pass	1:27pm
$\mathtt{BT}$	Pass	1:27pm

### Blank Tests

Test	Status	Time
AIR	Pass	1:28pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:28pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:28pm 1:28pm

Preventive Maintenance Status: Pass

Analyst

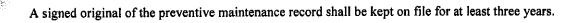
## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

5	intoximeters, model intox ec/ir it
County /	OCKINGRAM Instrument Location Ede N
Instrument S	Gerial No. 008636 Police Department
The preventi	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
<b>7.</b>	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on theday of
OF THE STAT	E ON ON



Signature of Certifying Official

Certificate Number



#### ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636 Test Date: 12/17/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517501 Exp Date: 06/24/2017

Test	g/210L	Time
DIAG AIR BLK	Pass .00	1:17pm 1:17pm
ACCY CHK	.07	1:18pm
AIR BLK	.00	1:19pm
SUB TEST	.00	1:20pm
AIR BLK	.00	1:21pm
SUB TEST	.00	1:22pm
AIR BLK	.00	1:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636

Test Record Number: 1598

Test Date: 12/17/2015

Test Time: 1:24pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:25pm
FLO	Pass	1:25pm
FC	Pass	1:25pm

## Temperature Tests

Test	Status	Time
FC1	Pass	1:25pm
SRC	Pass	1:25pm
DET	Pass	1:25pm
BAR	Pass	1:25pm
BT	Pass	1:25pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:25pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:25pm

#### CRC Tests

Test	Status	Time
COMP	Pass	1:26pm
CAL	Pass	1:26pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

	INTOXIMETERS, MODEL INTOX EC/IR II
County /	OCKINGHAM Instrument Location Reids VII/C
Instrument Ser	ial No. 008784 Police Department
· · ·	
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
<b>7.</b>	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	theday of
THE STATE OF THE S	LA Control 642
	Signature of Certifying Official Certificate Number

#### ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Date: 12/17/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG411202 Exp Date: 04/22/2016

Test	g/210L	Time
DIAG	Pass	2:23pm
AIR BLK	00	2:23pm
ACCY CHK	.08	2:24pm
AIR BLK	.00	2:26pm
SUB TEST	.00	2:26pm
AIR BLK	.00	2:27pm
SUB TEST	.00	2:29pm
AIR BLK	.00	2:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

- Leviller Analyst

#### ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784

Test Record Number: 899
Test Time: 2:31pm EST

Test Date: 12/17/2015 Test Time:

System Check: Passed

#### Baseline Tests

		*	
Test	Status	Time	
IR FLO FC	Pass Pass Pass	2:31pm 2:31pm 2:31pm	
Temp	erature Te	ests ·	
Test	Status	Time	
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	2:31pm 2:31pm 2:31pm 2:31pm 2:31pm	
В	lank Tests	· ·	
Test	Status	Time	
AIR	Pass	2:33pm	
Printer Tests			
Test	Status	Time	
PRNT	Pass	2:33pm	
CRC Tests			
Test	Status	Time	

Preventive Maintenance Status: Pass

Pass

Pass

2:33pm

2:33pm

COMP

CAL

Anaīvst

Instrument Serial No. 08796

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows

- 2. Verify instrument displays time and date;
- 3. Initiate breath test sequence;
- Enter information as prompted;
- Verify instrument accuracy;
- 6. When "PLEASE BLOW" appears, collect breath sample;

34 degrees, plus or minus .2 degree centigrade;

- When "PLEASE BLOW" appears, collect breath sample;
- 8. Print test record;
- Verify Diagnostic Program; and
- 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.



Signature of Certifying Official

Certificate Number

#### ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008796 Test Record Number: 2051 Test Date: 12/17/2015 Test Time: 12:16pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:16pm
FLO	Pass	12:16pm
FC	Pass	12:16pm

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	12:17pm 12:17pm
DET	Pass	12:17pm
BAR	Pass	12:17pm
${ t BT}$	Pass	12:17pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:17pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:17pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:18pm 12:18pm

Preventive Maintenance Status: Pass

Analyst

#### ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008796 Test Date: 12/17/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K Permit Number: 11598E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG513102 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	12:09pm 12:10pm 12:10pm 12:11pm 12:12pm
AIR BLK	.00	12:13pm
SUB TEST	.00	12:14pm
AIR BLK	.00	12:15pm

/ - - - -

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

<u>Xwww.Clew</u>

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County R	office for Instrument Location Rosemble Units
Instrument S	erial No. DO 8600
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department o	on the
STATION OF THE STATE OF THE STA	
MAND 18	
	Signature of Certifying Official Certificate Number

RUTHERFORD BAT MOBILE UNIT 5 800

Serial Number: 008600 Test Date: 12/11/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: TOWERY, CHAD V

Permit Number: 26632E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG434901 Exp Date: 12/15/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	7:11pm 7:12pm 7:13pm
AIR BLK	.00	7:13pm
SUB TEST	.00	7:14pm
AIR BLK	.00	7:15pm
SUB TEST	.00	7:16pm
ATR BLK	.00	7:18pm

Reported AC: ... .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### RUTHERFORD BAT MOBILE UNIT 5 800

Serial Number: 008600

Test Record Number: 1773

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	7:24pm
FLO	Pass	7:24pm
FC	Pass	7:24pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	7:24pm
SRC	Pass	7:24pm
DET	Pass	7:24pm
BAR	Pass	7:24pm
BT	Pass	7:24pm

#### Blank Tests

Test	Status	Time
AIR	Pass	7:25pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:25pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	7:25pm 7:25pm

Preventive Maintenance Status: Pass

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Ruther Ford Instrument Location But Mobile Unit 5
Instrument	Serial No
The prevent	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the 1 day of Decenter, 20 15 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	CM V Jony 658
	Signature of Certifying Official Contidents Number

RUTHERFORD BAT MOBILE UNIT 5 800

Serial Number: 008698 Test Date: 12/11/2015

Citation Number: M0000000-0 Subject's Name: PERVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: TOWERY, CHAD V
Permit Number: 26632E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG434901 Exp Date: 12/15/2016

Test	g/210L	Time
DIAG AIR BLK	Pass	7:12pm 7:13pm
ACCY CHK	.07	7:14pm
AIR BLK	.00	7:15pm
SUB TEST	.00	7:15pm
AIR BLK	.00	7:16pm
SUB TEST	.00	7:18pm
AIR BLK	.00	7:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### RUTHERFORD BAT MOBILE UNIT 5 800

Serial Number: 008698 Test Record Number: 1307 Test Date: 12/11/2015 Test Time: 7:25pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	7:25pm
FLO	Pass	7:25pm
FC	Pass	7:25pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	7:26pm
SRC	Pass	7:26pm
DET	Pass	7:26pm
BAR	Pass	7:26pm
BT	Pass	7:26pm

#### Blank Tests

Test	Status	Time
	:	
AIR	Pass	7:26pm

#### Printer Tests

PRNT Pass 7:26pm	m

#### CRC Tests

Test	Status	Time
COMP	Pass	7:26pm
CAL	Pass	7:26pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 5	Instrument Location SURRY County Jail
Instrument Se	erial No. 008934 Dobson, N.C.
The preventive four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer should degree, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that oprocedures we Department o	on theday of
THE STATE OF THE S	

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934 Test Date: 12/16/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

09/01/2014-09/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513101 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	3:00pm 3:00pm 3:01pm 3:02pm <b>3:03pm</b>
AIR BLK	.00	3:03pm
SUB TEST	.00	3:05pm
AIR BLK	<b>/</b> .00	3:06pm

Reported AC: .00 g/210I

Signature of Chemical Analyst

Court CVR

#### SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934

Test Record Number: 1578

Test Date: 12/16/2015

Test Time: 3:07pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:07pm 3:07pm
FC	Pass	3:07pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	3:07pm 3:07pm 3:07pm 3:07pm
BT.	Pass	3:07pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:08pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:08pm
	CRC Tests	
Test	Status	Time

Pass

Pass

3:08pm

3:08pm

Preventive Maintenance Status: Pass

COMP

CAL

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	RRY Instrument Location Pilot Mountain
Instrument Seri	al No. 008938 Police Department
<u> </u>	
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
THE STATE OF AN TO THE STATE OF AN THE STATE OF THE STATE OF THE STATE OF THE STATE OF TH	CAROLINA Jungana Junga

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938 Test Date: 12/16/2015

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

09/01/2014-09/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG434201 Exp Date: 12/08/2016

Test	g/210L	Time
DIAG	Pass	2:00pm
AIR BLK	.00	2:01pm
ACCY CHK		2:02pm
AIR BLK	.00	2:03pm
SUB TEST	.00	2:03pm
AIR BLK	.00	2:04pm
SUB TEST	.00	2:06pm
ATR BLK	.00	2:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938

Test Record Number: 532

Test Date: 12/16/2015

Test Time: 2:08pm EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	2:08pm
FLO	Pass	2:08pm
FC	Pass	2:08pm

# Temperature Tests

Test	Status	Time
FC1	Pass	2:08pm
SRC	Pass	2:08pm
DET	Pass	2:08pm
BAR	Pass	2:08pm
BT	Pass	2:08pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:09pm

#### Printer Tests

rest	Status	Time
PRNT	Pass	2:09pm

### CRC Tests

Test	Status	Time
COMP	Pass	2:09pm
CAL	Pass	2:09pm

Preventive Maintenance Status: Pass

Analyst Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Su	CRY	Instrument Location	Mount	Airy
Instrument Seri	al No. <u>008943</u>		Police:	Department
The preventive four months are	maintenance procedures for the	Intoximeters, Model Into:	k EC/IR II to be fo	ollowed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d		alcoholic breath s	simulator thermometer show
2.	Verify instrument displays tin	ne and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	<b>d;</b>		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" app	pears, collect breath samp	le;	
7.	When "PLEASE BLOW" app	pears, collect breath samp	le;	
8.	Print test record;			
9.	Verify Diagnostic Program; a	nd		
10.	Verify that the ethanol gas car simulator solution is being cha whichever occurs first.	nister is being changed be anged every four months	fore expiration dat or after 125 Alcoh	te, or the alcoholic breath olic Breath Simulator tests,
I certify that on procedures were Department of	theday of e performed on the instrument in Health and Human Services, and	dicated above, in accorda	nce with current r	ing preventive maintenance egulations of the N.C.
OF THE STATE OF TH	CAROLINA	gnature of Certifying Office	for the state of t	Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943 Test Date: 12/16/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

09/01/2014-09/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513101 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG	Pass	1:10pm
AIR BLK	.00	1:10pm
ACCY CHK	.08	1:11pm
AIR BLK	.00	1:12pm
SUB TEST	.00	1:12pm
AIR BLK	.00	1:13pm
SUB TEST	.,00	1:15pm
AIR BLK	<b>/.</b> 00	1:16pm

Reported AC: .00 g/210I

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

### SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943 Test Record Number: 1782 Test Date: 12/16/2015 Test Time: 1:17pm EST

System Check: Passed

# Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:17pm 1:17pm
FC	Pass	1:17pm

### Temperature Tests

Test	Status	Time
FC1	Pass	1:17pm
SRC	Pass	1:17pm
DET	Pass	1:17pm
BAR	Pass	1:17pm
BT	Pass	1:17pm

### Blank Tests

Test	Status	Time
AIR	Pass	1:18pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:18pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:18pm 1:18pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II		
County	Vrsell Instrument Location Vrsell (D.S.D.	
Instrument Se	and and the miles of the	
The preventive four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;	
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.	
	on the	
O'ME STATE	CAROLINI CAR	

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902 Test Date: 12/17/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG507902 Exp Date: 03/20/2017

Test	g/210L	Time
DIAG	Pass	2:26pm
AIR BLK ACCY CHK	.00 .07	2:27pm 2:28pm
AIR BLK	.00	2:20pm
SUB TEST	.00	2:30pm
AIR BLK	.00	2:31pm
SUB TEST	.00	2:32pm
AIR BLK	.00	2:34pm

Reported AC: _.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902

Test Record Number: 593

Test Date: 12/17/2015

Test Time: 2:36pm EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:36pm 2:36pm
FC	Pass	2:36pm

### Temperature Tests

Test	Status	Time
FC1	Pass	2:36pm
SRC	Pass	2:36pm
DET	Pass	2:36pm
BAR	Pass	2:36pm
BT	Pass	2:36pm

### Blank Tests

Test	Status	Time
AIR	Pass	2:38pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:38pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:38pm

2:38pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County VA	VCE Instrument Location VANTE CO SHERIFF'S OFFICE
Instrument Seri	ial No. 008870 Instrument Location VANTE G SHERIFF'S OFFICE  THE NOTERSON, A
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the
OF THE STATE OF THE OWNER OWNER OF THE OWNER	Signature of Certifying Official Certificate Number

#### VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870 Test Date: 12/10/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG434201 Exp Date: 12/08/2016

Test	g/210L	Time
DIAG	Pass	2:21pm 2:22pm
AIR BLK ACCY CHK	.00	2:22pm 2:23pm
AIR BLK	.00	2:24pm
SUB TEST	.00	2:24pm
AIR BLK	.00	2:25pm
SUB TEST	.00	2:27pm
ATR BLK	.00	2:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

### VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870 Test Record Number: 1172
Test Date: 12/10/2015 Test Time: 2:29pm EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	2:29pm
FLO	Pass	2:29pm
FC	Pass	2:29pm

### Temperature Tests

Test	Status	Time
FC1	Pass	2:30pm
SRC	Pass	2:30pm
DET	Pass	2:30pm
BAR	Pass	2:30pm
BT	Pass	2:30pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:30pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:30pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:30pm

2:30pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

1	INTOXIMETERS, MODEL INTOX EC/IR II
County VA	Instrument Location VANCE CO. SHIRLIEF'S OFFICE
Instrument Seri	al No. 008937 ISL CHURCHST. HENDERSON, NC
The preventive four months are	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	n the
TAR CILATURE OF THE STATE OF TH	Signature of Certifying Official Certificate Number

#### VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937 Test Date: 12/10/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D
Permit Number: 8937E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG513102 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG	Pass	2:35pm
AIR BLK	.00	2:36pm
ACCY CHK	.08	2:36pm
AIR BLK	.00	2:37pm
SUB TEST	.00	2:38pm
AIR BLK	.00	2:39pm
SUB TEST	.00	2:40pm
AIR BLK	.00	2:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

### VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937

Test Record Number: 2091

Test Date: 12/10/2015

Test Time: 2:42pm EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	2:43pm
FLO	Pass	2:43pm
FC	Pass	2:43pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:43pm
SRC	Pass	2:43pm
DET	Pass	2:43pm
BAR	Pass	2:43pm
BT	Pass	2:43pm

### Blank Tests

Test	Status	Time
AIR	Pass	2:44pm

# Printer Tests

Test	Status	Time
PRNT	Pass	2:44pm

#### CRC Tests

Test	Status	Time
COMP	Pass	2:44pm
CAL	Pass	2:44pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

, .	INTOXIMETERS, MODEL INTO I LONG INTO INTO INTO INTO INTO INTO INTO INTO
County /	Ake Co. Instrument Location (Noke Co Deteration Cert)
Instrument Se	rial No. 008577 3301 Hansword Rd. Roleigh MC
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
- procedures Wi	on the
STATE CHANGE TO THE STATE OF TH	CAROL

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008577 Test Date: 12/18/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2014-02/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517402 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	10:56am 10:57am 10:58am 10:59am 11:00am
SUB TEST	.00	11:02am
AIR BLK	.00	11:03am

Reported AC:

00 <del>6</del>/210L

Signature of Chemical Analyst

Court CVR

Analyst

### WAKE COUNTY DETENTION CENTER 910

Serial Number: 008577 Test Record Number: 1782
Test Date: 12/18/2015 Test Time: 11:05am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:05am
FLO	Pass	11:05am
FC	Pass	11:05am

# Temperature Tests

Test	Status	Time
FC1	Pass	11:05am
SRC	Pass	11:05am
DET	Pass	11:05am
BAR	Pass	11:05am
BT	Pass	11:05am

#### Blank Tests

Test	Status	Time
ΔTR	Pass	11:06am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:06am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:06am

11:06am

Preventive Maintenance

Pass

CAL

Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County //	Ako Co. Instrument Location (NAKe C. Detention Conte
Instrument Se	erial No. 008612 3301 Hammond Rd. Laleigh MC
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
. 5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the <u>S</u> day of <u>December</u> , 20 <u>S</u> the forgoing preventive maintenance vere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE OF STA	
	Signature of Certifying Official Certificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008612 Test Date: 12/18/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2014-02/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG526401 Exp Date: 09/21/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:57am 10:58am 10:59am
AIR BLK	.00	11:00am
SUB TEST	.00	11:00am
AIR BLK	.00	11:01am
SUB TEST	.00	11:04am
ATR BLK	.00	11:04am

Reported AC:

γ q/210L_ν

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

# WAKE COUNTY DETENTION CENTER 910

Serial Number: 008612 Test Record Number: 2657
Test Date: 12/18/2015 Test Time: 11:05am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:06am
FLO	Pass	11:06am
FC	Pass	11:06am

### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	11:06am 11:06am 11:06am 11:06am
BT	Pass	11:06am

### Blank Tests

Test	Status	Time
AIR	Pass	11:07am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:07am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:07am

Preventive Maintenance Status: Pass

Pass

11:07am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

_ /	JAKE Co. Instrument Location Rale of P.D. North East Dist
	erial No. 208623 5228 Option's Daixy Rel. Raleigh, NC.
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ure:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the day of da
STATE OF THE STATE	

WAKE COUNTY NORTH EAST DISTRICT 910

Serial Number: 008623 Test Date: 12/18/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2014-02/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG507902 Exp Date: 03/20/2017

Test	g/210L	Time
DIAG	Pass	12:04pm
AIR BLK	.00	12:05pm
ACCY CHK	.08	12:06pm
AIR BLK	.00	12:07pm
SUB TEST	.00	12:07pm
AIR BLK	.00	12:08pm
SUB TEST	.00	12:10pm
AIR BLK	.00	12:11pm

Reported AC:

,00 <del>g/2</del>10L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY NORTH EAST DISTRICT 910

Serial Number: 008623 Test Record Number: 3195

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	12:12pm
FLO	Pass	12:12pm
FC	Pass	12:12pm

### Temperature Tests

Test	Status	Time
FC1	Pass	12:12pm
SRC	Pass	12:12pm
DET	Pass	12:12pm
BAR	Pass	12:12pm
BT	Pass	12:12pm

## Blank Tests

Test	Status	Time
AIR	Pass	12:13pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:13pm

#### CRC Tests

Test	Status	Time
COMP	Pass	12:13pm
CAL	Pass	12:13pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

, )	<b>`</b>	XS, MODEL INTOX EC/II		
County W	AKE	Instrument Location LAKE Fo		
Instrument Se	erial No. <u>008700</u>	225 S. TAYLOR ST.	WAKE FOREST, NO	
The preventive four months a		toximeters, Model Intox EC/IR II to be	followed at least once every	
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	lisplays pressure, or the alcoholic breath gree centigrade;	simulator thermometer shows	
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ars, collect breath sample;		
7.	When "PLEASE BLOW" appear	ars, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ster is being changed before expiration d ged every four months or after 125 Alco	ate, or the alcoholic breath pholic Breath Simulator tests,	
procedures w	vere performed on the instrument indi	the forg cated above, in accordance with current ne instrument is functioning properly.	oing preventive maintenance regulations of the N.C.	
OF CAME OF CHAME	Amadia 6	Am74( ature of Certifying Official	637 Certificate Number	

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700 Test Date: 12/28/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513102 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	11:05am 11:05am 11:06am 11:07am 11:08am
AIR BLK	.00	11:09am
SUB TEST	.00	11:10am
ATP BLK	0.0	11 · 11am

Reported AC: .00

.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700 Test Test Date: 12/28/2015 Test

Test Record Number: 1025
Test Time: 11:13am EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	11:14am
FLO	Pass	11:14am
FC	Pass	11:14am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:14am
SRC	Pass	11:14am
DET	Pass	11:14am
BAR	Pass	11:14am
BT	Pass	11:14am

#### Blank Tests

Test	Status	Time
77 77 10	Dage	11 · 14 am

# Printer Tests

Test	Status	Time
PRNT	Pass	11:14am

#### CRC Tests

Test	Status	Time
COMP CAL	Pass Pass	11:15am 11:15am

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Ake Co. Instrument Location Wake Co Deterrition Courte
Instrument Ser	ial No. 008/60 3301 Hammond Rd. Raleigh MC
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures we Department of	n the
THE STATE OF THE S	

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008760 Test Date: 12/18/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E Effective:

02/01/2014-02/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517402 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	10:55am 10:56am
ACCY CHK	.08	10:56am
AIR BLK	.00	10:58am
SUB TEST	.00	10:58am
AIR BLK	.00	10:59am
SUB TEST	.00	11:01am
ATR BLK	0.0	11:02am

Reported AC:

.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### WAKE COUNTY DETENTION CENTER 910

Serial Number: 008760 Test Record Number: 1250
Test Date: 12/18/2015 Test Time: 11:05am EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:05am 11:05am
FC	Pass	11:05am

### Temperature Tests

Test	Status	Time
FC1	Pass	11:05am
SRC	Pass	11:05am
DET	Pass	11:05am
BAR	Pass	11:05am
$\mathtt{BT}$	Pass	11:05am

### Blank Tests

Test	Status	Time
AIR	Pass	11:06am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:06am
	CRC <b>Tes</b> ts	
Test	Status	Time
COMP	Pagg	11.06am

11:06am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County W	Ako Co. Instrument Location Wake Co. Defaultion Conte
Instrument Ser	rial No. 008118 3301 Hammond Rd. Raleich NC
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that o procedures we Department of	on the day of da
THE STATE OF THE S	Signature of Certifying Official Certificate Number

#### WAKE COUNTY DETENTION CENTER 910

Serial Number: 008778 Test Date: 12/18/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2014-02/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG517402 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	10:58am 10:59am
ACCY CHK	.08	10:59am
AIR BLK	.00	11:01am
SUB TEST	.00	11:01am
AIR BLK	.00	11:02am
SUB TEST	.00	11:04am
AIR BLK	.00	11:05am

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Analyst

#### WAKE COUNTY DETENTION CENTER 910

Serial Number: 008778 Test Record Number: 1986 Test Date: 12/18/2015 Test Time: 11:06am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:06am
FLO	Pass	11:06am
FC	Pass	11:06am

# Temperature Tests

Test	Status	Time
FC1	Pass	11:06am
SRC	Pass	11:06am
DET	Pass	11:06am
BAR	Pass	11:06am
BT	Pass	11:06am

#### Blank Tests

rest	Status	Time

AIR Pass 11:07am

#### Printer Tests

Test Status IIme	Test	Status	Time
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PRNT Pass 11:07am

# CRC Tests

Test	Status	Time
COMP	Pass	11:07am
CAL	Pass	11:07am

Preventive Maintenance
Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Wat	Tauga Instrument Location Watauga Co. Jail	_
Instrument Seria	Instrument Location Watauga Co. Jail  Boone, NC.	
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every	/
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer should degree, plus or minus .2 degree centigrade;	) <b>W</b>
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.	s,
I certify that on t procedures were Department of H	he // day of December, 20/5 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.	:е
STATE OF NO.	A CAROL	٠
* COE QUAN VIDEN *	Signature of Certifying Official Certificaté Number	

#### WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715 Test Date: 12/11/2015

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG405702 Exp Date: 02/26/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	5:15pm 5:16pm 5:16pm
AIR BLK	.00	5:17pm
SUB TEST	.00	5:18pm
AIR BLK	.00	5:19pm
SUB TEST	.00	5:21pm
AIR BLK	.00	5:22pm

-- /0101

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715 Test Record Number: 1751
Test Date: 12/11/2015 Test Time: 5:23pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	5:23pm 5:23pm
FC	Pass	5:23pm

# Temperature Tests

Test	Status	Time
FC1	Pass	5:23pm
SRC	Pass	5:23pm
DET	Pass	5:23pm
BAR	Pass	5:23pm
BT	Pass	5:23pm

### Blank Tests

Test	Status	Time
AIR	Pass	5:24pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	5:24pm

#### CRC Tests

Test	Status	Time
COMP	Pass	5:24pm
CAL	Pass	5:24pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County ()	Dilson Instrument Location Bat Mobile Unito
Instrument Seri	ial No (10809D Li) ison PD
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures we Department of	the day of control of the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE PARTY OF THE P	Signature of Certifying Official Certificate Number

BAT MOBILE UNIT 2 WILSON COUNTY 970

Serial Number: 008090 Test Date: 12/21/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Female
--Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG526401 Exp Date: 09/21/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	10:05pm 10:06pm 10:07pm 10:07pm <b>10:08pm</b>
AIR BLK	.00	10:09pm
SUB TEST	.00	10:10pm
AIR BLK	.00	10:11pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Ong B Kunn

### BAT MOBILE UNIT 2 WILSON COUNTY 970

Serial Number: 008090 Test Date: 12/21/2015 Test Record Number: 33 Test Time: 10:16pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:16pm
FLO	Pass	10:16pm
FC	Pass	10:16pm

### Temperature Tests

Test	Status	Time
FC1	Pass	10:16pm
SRC	Pass	10:16pm
DET	Pass	10:16pm
BAR	Pass	10:16pm
BT	Pass	10:16pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:17pm

### Printer Tests

Test	Status	Time
PRNT	Pass	10:17pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:17pm 10:17pm

Preventive Maintenance Status: Pass